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Vacation Lectures
ON
FIBRINOUS DEPOSITION IN THE HEART:

ITS HISTORY AND PRACTICAL MEANING.

DELIVERED AT THE GROSVENOR PLACE SCHOOL OF MEDICINE.

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LECTURE I.

INTRODUCTORY REMARKS; *Plan of the Course; Different conditions of Blood in the Heart after death.* FIBRINOUS CONCRETIONS IN THE HEART: *their Forms; Structure; Weight; Chemistry; Process of Deposit; Post Mortem and Ante Mortem Deposits.*

GENTLEMEN,—I have asked you during this Christmas vacation to meet me here, that we may consider together a subject of much historical and practical interest. I know that it may be considered, by indolent men, as no charitable act on my part to break in upon your holiday time, and to ask you, after your past heavy work, to give up even an hour of the festive season to listen to a lecture of a scientific kind. At the same time, I offer no apology for the act. I have a purpose in it; and that purpose is based on three reasons.

In the first place, I am anxious in these lectures to supplement certain observations which were made to you at that period in the physiology course, when the nature and properties of the blood were under review. I glanced then at the subject which is now to enter into our thoughts; but the time at disposal prevented me from filling up an important gap in our studies. In the second place, I am desirous to lay before you certain views which I have now held for a period of ten years, and which, scattered about in stray papers and communications, have never, until this present attempt, been systematically collated and arranged. Lastly, I wish to prove to your minds that the subject to be discussed is one which will prove to you, if I am correct in the readings I have to give of it, of solemn interest whenever the onerous duties of practice fall to your lot. For it will be my endeavour to point out in these lessons that, in the vast majority of acute inflammatory affections, the fatal result which, despite our science, is too commonly the grand *ultimatum*, is due not so often to the local lesion which we in common parlance are accustomed to call *the* inflammation, but to a deposit in the heart of a part of the fibrinous constituent of the blood. And, inasmuch as the cases of the nature here mentioned will constitute the larger portion of disease coming under your practice, the subject is one, I repeat, of solemn interest to each and all of you, if I am correct in my interpretation of it.

In these lectures, I shall enter in no way into matters of theory. I shall confine myself purely to what is observed at the bedside, and at the *post mortem* table. Truly, even into these observations theory may largely enter, and a captious critic might suggest that all such observations are based on theories. Anyway, I shall try to avoid the theoretical, and to adhere to the presented facts and phenomena. I might enlarge very greatly in this lecture on various topics collateral to the one given in the title. It would be fair to take up the consideration of fibrinous masses in the extremities of arteries, and in venous trunks, and of their effects in these parts. But we will, if you please, leave these topics for a future occasion, and adhere at this moment to the one point—deposition in the heart, the deposition occurring directly from the blood.

Without further prelude, then, we will pass to the subject proper. Let us first touch upon it in its pathological aspects.

On opening the bodies of the dead, we find any blood that may be in the heart in one of three conditions.

(*a.*) As a coagulated red clot, but with no surrounding serum. In this latter respect, the blood differs from ordinary blood drawn from the body, and set aside for coagulation. It must not be assumed, however, that in the dead body serum does not separate. It does separate, the same as in cases where blood is drawn; but it appears to me that for some time after death an osmotic action is continued in the body, by which the serum is removed. When, some hours previously to the injection with wax, the vessels of the subject preparing for dissection are injected with a watery solution containing arsenic or sulphate of zinc, the solution thus thrown in does not remain in the vessels; it is absorbed and received into the soft parts, where the capillaries are so plentifully distributed. This same kind of absorption, I presume, removes the serum as it is extricated from the clot, thus leaving the *post mortem* red clot free of serum.

(*b.*) There is another condition of blood found after death, in which perfect fluidity of blood is maintained. This fluidity—which, by the way, is very rare—is met with in two classes of cases. In some instances, from chemical changes going on during life, the coagulability of the fibrine is destroyed. In cases of typhus—I mean true petechial typhus—this condition has been observed; it has also been seen in scurvy, yellow fever, and in examples where water has been largely introduced into the circulation in the lower animals. The fixed alkalies carried on to a poisonous result, will cause the same fact. Cyanide of potassium and antimony lead to a like phenomenon. If blood thus obtained be set aside, it will not coagulate, although placed in conditions the most favourable to coagulation. In another class of cases, the blood may be found fluid in the heart, not because the coagulating process is destroyed, but because the conditions favourable to coagulation are not presented. The law on this point seems to be this. If in any given case the life of a person is suddenly extinguished while yet the blood is in a state of perfect fluidity in the vessels, and if in the cause which produced death no portion of the closed circuit of the vascular system is opened, and if the vessels are themselves filled with blood, then the volatile alkaline solvent by which the blood has been held fluid is retained, and the blood remains fluid until it is exposed to the air. On such exposure, however, coagulation takes place; but, as the temperature of the blood falls after death to the temperature of its surrounding medium, the coagulation will be slow, as compared with that of warm blood drawn from a living man. The period required for coagulation, in short, will be the same as it would be in a mass of newly drawn blood suddenly reduced in temperature from 98° to the temperature of the dead. This condition of fluid blood after death is met with in instances where the death has suddenly occurred from shock, from chloroform syncope, from hanging and other varieties of asphyxia, and the like.

(*c.*) The third class of cases embraces those in which the blood is found in the heart with the fibrine separated; and as these are the cases of most interest to us at this time, I may leave the others without further note, in order patiently to trace out, and as nearly as possible in the order described, the following points.

I. The *various forms* of concretion in the heart, and the modes by which they are produced.

II. The *conditions of disease* under which concretions are produced, and the periods in the course of a disease at which they occur.

III. The *symptoms* indicating fibrinous deposition, and the point at which the deposition has taken place.

IV. The *value of a knowledge* of the subject of fibrinous deposition, in the practical treatment of disease.

I.—FORMS OF FIBRINOUS SEPARATION.

The simplest kind of separation is described well in the accompanying sketch (Fig. 1). The fibrine in this case lies on the superior surface of a red coagulum. It forms, in

Fig. 1.—Deposition of Fibrine on the surface of a Coagulum.

this way, a thin layer, shaped to the clot beneath. It is ordinarily convex above, where it comes into contact with the wall of the cavity; and concave beneath, where it is in contact with the blood. If the clot be turned over, so that the fibrine surface rest on the table and the red blood-clot look upwards, the red portion may be gently washed away by the stream from a wash-bottle, and the layer of fibrine may be left entirely separated. It will then be found to consist of a simple layer of white matter, varying in thickness from one to four lines, firm rather in character, and of a very pure white.

This form of clot may be met with in any of the cavities of the heart, or in the great vessels. If the heart is examined *in situ*, and the cavities are cut into from above, the fibrinous layer will meet the eye as soon as the cavities are laid open. The fibrine is separated, in short, from the under stratum of blood, the body lying on the back at the time of the separation. This form of concretion, though it may occur, as I have said, in any part of the heart, is most common in the auricles. Occurring in the pulmonary artery or aorta, the separation takes the form of a part of the circumference of a cylinder; the superior surface being convex, the inferior concave—modeled, that is to say, to an under column of red blood. I ask special attention to this first form of fibrinous deposition, whether it occur in one of the cavities of the heart, or in one of the large vessels. I should prefer to designate it, for clearness sake, as the *static* deposit, because it is formed from blood at perfect rest.

A second variety of fibrinous separation in the heart is that of a firm white striated mass, filling a cavity or a tube. In some instances, especially where the concretion exists in the auricle, and when it occurs in the course of an acute inflammatory disease, it may fill the cavity altogether, and even distend it. In other cases, although it may form the greater part of the matter contained in the cavity, and although it may itself be purely separated, it may be surrounded by a layer of red blood. This layer will not be found only beneath the concretion, but, as I say, surrounding it; this form of concretion is thus entirely distinct from that described under the first head. When concretions so formed lie in a vessel, as the pulmonary artery, they may extend very far into the ramifications of the vessel. Where they end as separations of fibrine, they are, as a general rule, tipped at their extremities by a layer of red blood, which may be washed off, leaving behind a fine pointed

Fig. 2.—Concretion in the Auricle, marked by the Musculi Pectinati.

conical termination of fibrine. The concretion occurring in the manner thus described, is often beautifully modeled to the part in which it lies. If it lie in the auricle, it will be found with its surface marked by the little musculi pectinati, as shown at c in the accompanying drawing (Fig.2),taken from a recent specimen; or if it pass into the pulmonary artery or aorta, it will be found bearing the impress of the semilunar valves at the point where it traverses them, in the way marked in Figure 3, where a

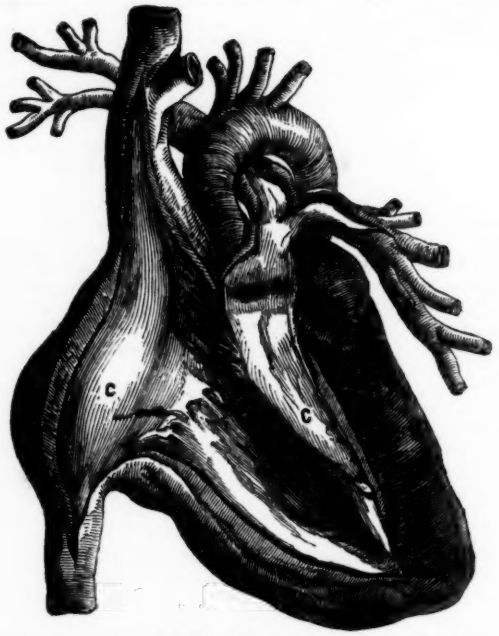

Fig. 3.—Fibrinous Concretion filling the Auricle, extending into the Ventricle and Pulmonary Artery, and marked by the Semilunar Valves.

concretion (c) filling the right auricle, partly filling the ventricle, and passing into the pulmonary artery, is marked over the line of the semilunar valves with a distinct depression, cup-shaped, and originally an exact print of one of the semilunar curtains.

There is another form of deposition in which the surface is grooved more or less deeply. The groove thus exhibited may be simply curved, or spiral. The line of the groove, whatever that may be, indicates the course of what was once a column

Fig. 4.—A. Fibrinous Deposit with simply curved groove; B. Concretion with spiral groove.

of moving blood; and, indeed, a portion of red blood will in most cases be found in the groove. The simply curved grooves are most frequently seen in concretions formed in the

right auricle. Here the superior groove, running nearly straight (see A, Fig. 4), marks out a current of blood which, whilst life still existed, found its way from the superior vena cava through the auricular cavity into the auricle, and over the surface of the concretion. The inferior groove, on the other hand, very sharply curved, indents the under surface of the concretion, and takes the direction of the column of blood, which during life passed from the inferior cava through the auricular cavity into the ventricle. The straight and curved grooves of a concretion laid down in the right auricle are in almost every case presented as above. But there is one rare modification; I have seen it at most but twice, in which the concretion is divided into two distinct halves, one half lying in the upper part of the auricle, the other in the lower part, the streams of blood from the two cavæ separating the two fibrinous masses, and grooving them both, in the direction of the venous currents. In these examples, the concretions, superior and inferior, have a firm attachment to the auricular wall.

The spiral groove, whenever it is met with, is found in concretions which extend into the large vessels, as into the pulmonary artery on the right, or the aorta on the left side. This spiral groove I observed and pointed out at the Medical Society of London so far back as the year 1851. I have met with it frequently since that time; and in B, Figure 4, above given, it is excellently shown from a fresh concretion. The groove thus formed is caused by a current of blood, which during life has made its way from the heart by a winding course around the fibrine cylinder.

There is another form of deposition, in which the centre of a concretion is bored by a column of red blood. Here the concretion takes the form of a hollow cylinder. (Fig. 5, c.) This modification is rare; and when it occurs, it is found in the commencement of one of the two large trunks, the pulmonary artery or aorta. I have met with it very clearly marked, but chiefly in the aorta. It is worthy of note, too, that in examples yielding tubular concretion, the containing vessel is generally dilated, and roughened on the inner surface from atheromatous deposit. From the rarity of this form of concretion, I infer that a dilated or roughened tube is favourable as a base-work for the deposit. When thus formed, the fibrine is firmly adherent by its circumference to the inner surface of the artery; and the thickness of the fibrine cylinder is due to a series of layers, laid down from the circumference towards the centre. The diameter of the column of red blood in the centre, in all the instances I have seen, has been about that of a goose-quill. The red blood thus situated is in the coagulated state.

This form of concretion gave rise to the myth held by the old writers, that serpents might exist, and were, in fact, to be sometimes found, in the great blood-vessels. In the Library of the Medical Society, there is a quaint paper by one of our old London Æsculapians, giving a serious account of a serpent which he had removed from the great aorta of a patient who died under his care. That which shocked our historian most was the observation that the creature had an alimentary canal and a distinct anal orifice. He gives even a drawing of the creature, specially indicating the termination of the alimentary tube. The drawing, as we read it in these days, is a very correct representation of a hollow fibrinous tube, with a cord of red blood running through the centre.

In one or two instances, I have met with a concretion having conical points, in which, on vertical section, I found a thin cord or film of red coloured substance running centrally and in the line of the concretion. I therefore thought that the tubular character of many concretions might be hidden in some instances by a contraction taking place at the two ends of the concretion. I now believe, however, that this opinion requires to be withdrawn; and herewith I withdraw it. In the annexed drawing, No. 5, I have supplied, from nature, a beautiful illustration of the character of the true tubular concretion. In the case from which the sketch was made, the concretion (c) was laid down in the aorta, that vessel being dilated at its commencement, and having its inner surface much roughened. The concretion, some days in formation, was at last loosened by the force of the ventricular contraction acting on a tube, becoming smaller and smaller in its diameter: suddenly carried away altogether into the narrower part of the artery, it produced almost instantaneous death.

There is yet another form of deposition of the hollow character, in which the fibrine is laid down in the cavities of the heart in such a way as to encircle the inner surface of the cavity, and, by illustration, to cause a new and false endocardial lining. I have attempted to indicate this mode of deposition also in Fig. 5, at points A, B. In these instances, as I have once seen, the deposit may entirely cover the inner surface of an auricle, may be perforated by the entering vessels, and may contain enclosed in it a clot of red coagulum. In other examples, much more frequent in number, the ventricular cavity is found lined in patches (Figure 5, B) with an extremely fine web of fibrine, so thin as to be transparent, and

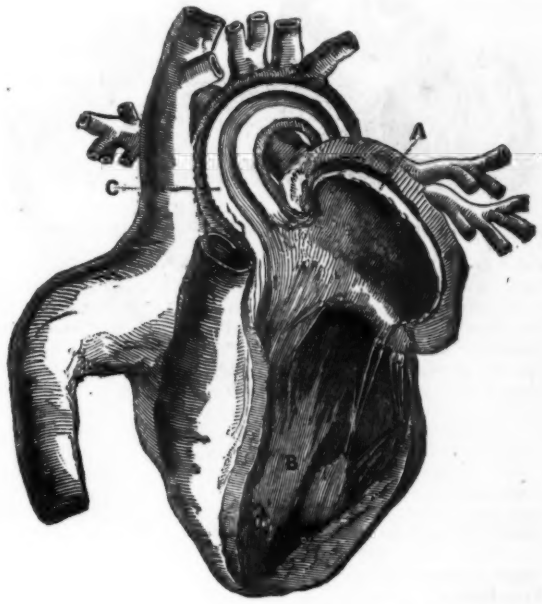

Fig. 5.—Tubular Concretion in the Aorta.

easily looked over if sought for hastily, but easily to be seen and raised with the forceps, if sought for with precision and care.

Lastly, it is to be observed that fibrinous concretions have some point or points of adhesion to the walls of the part in which they are laid down. The adhesions are of two kinds—(*a*) mechanical, (*b*) organic.

a. The mechanical adhesions are produced by an interlacing of the fibrine with the muscular fibres of the heart, or with the tendinous cords extending, in the ventricles, from the columns to the valves. These adhesions are most firm in the auricles, and particularly in the right auricle, where they interlace so intimately with the musculi pectinati that considerable force is often required to separate them. The concretion, indeed, if force be used, will tear off at its base, but will not unwind itself from the muscular fibres. The auricula of the auricle is a spot in which this kind of adhesion is very strongly brought out; but I have seen, also, a very firm attachment in the right ventricle, the base of the fibrine mass being closely interwoven with the muscular structure. It would seem, too, that an adhesion thus existent may last for many months, nay, for years, without any organic connection being produced. My friend Dr. Sayer was so kind as to show me on one occasion a concretion removed from the body of a lady, who for some years had suffered, at intervals, with the symptoms of obstruction of the right side of the heart. She died at last suddenly, in one of these attacks; and, after death, the concretion I refer to was found in the right ventricle, and extending into the pulmonary artery. It could not be separated from its attachment to the ventricle except by being torn across; it was unusually firm in consistence, and had all the characters of a concretion long present in the heart; but there was no evidence of the mass having undergone organisation.

b. The organic adhesion of a concretion to the walls of the heart, or to the valvular appendages, is, in very rare examples, fully marked. In the drawing (Fig. 6) there is presented an illustration of this nature. Here the concretion assumed a globular shape; it was attached by a small pedicle to the posterior curtain of the mitral valve; on dissecting it down, I found that a small blood-vessel passed through the pedicle, and, indeed, there was a distribution of vessels throughout the whole mass. The patient from whom this was removed was an aged woman, who had long suffered from signs of cardiac disease, indicating obstruction on the left side of the heart. She died

suddenly, from the fibrinous mass having been carried forcibly upwards into the infundibulum, and from the arrest in the arterial circulation necessarily resulting from so great an obstruction.

Fig. 6.—Organic Adhesion of a Fibrinous Concretion to the Heart. A. Portion of Aortic Valves; B. Mitral Valve; C. Concretion.

Such, then, are the broad anatomical characters of the fibrinous deposits met with in the heart and great vessels adjoining the heart. I called the first of these varieties a static formation, because it is produced from blood at rest. The remainder, one and all, differ from the static product in that they are the result of a dynamic force; that is to say, they are formed from blood in motion.*

[*To be continued.*]

* I am indebted to the artistic skill of Mr. Orrin Smith for the excellent woodcuts (except the last) by which the above remarks are illustrated.

Original Communications.

REMARKS ON ACUTE MANIA.

By Frederick Needham, Esq., Superintendent of the Lunatic Hospital, York.

Of all the varied forms of mental disorder which claim the attention of the practical psychologist, none is so extensively diffused as mania, and none consequently so frequently requires the exercise of the medical art. Moreover, no variety of mania is in the same degree amenable to judicious treatment with the acute form, the subspecies of which, with their treatment, form the subject of this paper.

I do not purpose here giving any very minute description of the symptoms of acute mania, other than those which especially illustrate the object I have in view; neither shall I offer any opinion respecting the class of mental faculties which is chiefly and primarily affected by it. I shall simply describe certain heads, with the symptoms peculiar to each, under which I believe all cases of acute mania may be satisfactorily and clearly arranged, and urge certain principles of treatment—modified, of course, according to the peculiarities of individual cases—which I have found to be most successful in arresting the progress of disease, and restoring mental health.

Acute mania, I think, naturally divides itself into three varieties:—1, sthenic; 2, asthenic; and 3, what I would term subacute persistent.

I. *Acute Sthenic Mania*, which invariably occurs in strong, healthy, and robust persons, with considerable vital power and a vigorous circulatory system, commences, as in all the varieties, in many different ways—by irregularities in the affections, by gloom and despondency, or even occasionally by long continued stupor, combined with sleeplessness, depraved secretions, and sometimes febrile disturbance. These symptoms continue, one or all of them, for an indefinite period, and are succeeded by the fully developed disease, which exhibits, according to the temperament or other condition of the case, many different phases. There will be one or all of the following:—great incoherence of ideas and in conversation; violent excitement in manner and gesture; loud, obscene, and disgusting language; total disregard of decency and cleanliness; and numerous ridiculous hallucinations or illusions. The case will possess, too, the physical symptoms of sthenic excitement; heat of head, and of the surface generally; flushed face; injected conjunctiva; frequently, though not always, contracted pupils; a foul and red, but *not* dry tongue; constipated bowels; scanty and high coloured urine, which affords a copious deposit; together with a full, bounding, and generally frequent pulse—frequent, often irrespective of the muscular exertion which is being used by the patient. In this condition, depletion is evidently needed to lower the circulation and moderate the excitement; but bleeding is, with the very rarest exceptions, utterly inadmissible. I do not here wish to be understood as referring to the local abstraction of blood by leeches; indeed, the adoption of this measure is frequently attended by the happiest results.

If bleeding be out of the question, what are we to do? The hot bath will equalise the circulation, but it frequently fails in reducing the violence of the maniacal symptoms, and is not unattended by danger of sudden and fatal syncope. The remedy upon which I chiefly rely, and from which, judiciously used, I have seen the greatest amount of benefit derived, is tartarised antimony—a drug which has, I think, fallen undeservedly into disrepute, from the class of cases in which it should be used not being clearly defined. It seems to answer only in those cases where you have the full pulse and injected conjunctiva, and other signs of sthenic excitement; where, in fact, you not only have excessive nervous action, but increased nervous power also. My plan in its administration is to give at first a brisk purgative, consisting of three grains of calomel and a drop of croton oil, and to follow this by a grain of tartar emetic in an ounce of water, repeated every three hours, until the bowels are affected; the dose being increased, if the patient be tolerant of it. I have given eight or ten grains without the slightest apparent effect being produced by the remedy, other than the abatement of the excitement. The object in its use is not to produce nausea or sickness, for when these occur early in its administration, I should expect but little benefit from it; as Dr. Bucknill observes, in the admirable work on psychology, written by himself and Dr. Tuke: "The benefit to be derived from it appears to bear a close relation to the tolerance which the patient has for it." My great aim in its adminstration is to procure a free and copious action of the bowels. Here, I am aware, I differ from many who use the medicine; but I have, with no exception, found that marked benefit has resulted only in those cases where this effect has been produced. A gentle action should be kept up by gradually diminished doses of the drug; and after the bowels have copiously answered a few times, a full opiate at bed-time, from fifty minims to one fluiddrachm of the tincture of opium, will generally have the happiest results in procuring sleep and allaying cerebral irritability. Of course, in the subsequent management of the case, such modification in the treatment will be demanded as seems to be requisite.

II. *Acute Asthenic Mania.* The second variety differs essentially from that which has just been under consideration, although possessing many of the same general symptoms. Here the type is diametrically opposite, and the treatment consequently is far different.

As regards the mental symptoms, there is little change. It is chiefly in the physical signs that the distinction consists.

The incoherence in conversation and in ideas evidently exists as strongly in the one variety as in the other; there are the same violent excitement, and the same delusive fancies, but these are combined here with a feeble condition of the physical system, and deficient nervous power.

In place of the hot head and flushed face, we have, commonly, a cold, clammy surface, and some degree of pallor. In lieu of the injected conjunctiva and contracted pupils, we find a conjunctiva pale and exsanguine, and frequently dilated pupils.

The tongue, which in the former variety was red and moist, is here pale, flabby, and not unfrequently brown and dry. The bowels are often relaxed, and the urine pale and in fair quantity, whilst the pulse, so far from being full and bounding,

is, although often quick, feeble, "watery," and in most instances irritable.

We have thus a set of symptoms of a directly opposite character, and dependent, as Dr. Tuke observes, upon "excessive nervous action with deficient nervous power." With these indications, therefore, we should never, of course, for a moment dream of depletion. Our treatment must necessarily be stimulant and sustaining, otherwise, by still further diminishing nervous force, we shall materially increase the already existing nervous irritability.

In this class of cases, I know of no more valuable remedy than opium combined with some diffusible stimulant, administered after any cerebral congestion shall have been removed by aperients, the use of the *warm* bath, etc. Perhaps the nicest form for administration is the tincture, in doses of half a drachm, with twenty minims of the compound spirit of sulphuric æther, every four hours. This usually procures sleep after a short time, and whilst diminishing the extreme irritability of the brain and nervous system, increases in a remarkable manner the general power of the system.

In many cases, we have a most valuable remedy in brandy, and I have seen a full dose (3 ounces), which acts secondarily as a powerful sedative, produce the most marked benefit to the patients, by procuring sleep and diminishing the excitement to a degree which *à priori* could hardly be imagined.

It is requisite, however, to repeat the caution respecting the period for using these remedies. If applied before the local hyperæmia of the brain be somewhat removed, the probability is we shall only add fuel to the flame, and consequently, instead of relieving the symptoms, render them far more severe.

One mode of equalising the circulation and inducing weariness, is frequently adopted with success, allowing two attendants, each hold of an arm, to walk the patient for a considerable distance, at a rapid pace. By this means, the surface of the body becomes heated, and there is a feeling of weariness induced which aids considerably the action of any anodyne remedy.

During the progress of these cases of asthenic mania, the greatest care must be taken that the patient have a liberal and *frequent* supply of nutritious food administered to him, as it is chiefly, I believe, in this variety that those alarming cases occur where the sufferer dies most suddenly, after a furious maniacal paroxysm.

III. The third variety of acute mania, upon which I purpose making a few remarks, is what I have termed *Subacute Persistent Mania*. In this class of cases, the symptoms frequently, at the onset, assume considerable acuteness and severity; but these rapidly disappear, and give place to symptoms of much less intensity. There may be here an equal degree of incoherence, yet there is considerably less of the violent excitement and clamorous denunciation than in either of the varieties to which I have referred.

The head is generally cool, save during the temporary exacerbations, which occur at uncertain periods; the conjunctiva is frequently bloodshot, but there is an absence of the bright red colour of the sthenic variety; the pupils are often irregular; the eyelid occasionally droops; the tongue is white and clammy, or occasionally dry and streaked with brown; the bowels costive; urine frequently scanty and ammoniacal; the pulse quick and feeble; and the general appearance is indicative of ill health and cachexia.

But the principal feature in this form is the *persistence* of the symptoms, uninfluenced, apparently, by any plan of treatment which may be adopted. The patient goes on from day to day with these subacute symptoms exhibiting themselves, and his case presents really no special indications of treatment; indeed, even where these do arise, but little benefit seems to result from the remedies used.

In this form of mania, I believe, there is commonly organic, cerebral, or at all events visceral change; and thus death is a frequent result, not so commonly, however, during or immediately after a violent paroxysm as in the second variety, but rather from *gradual* exhaustion, and occasionally by a distinct paralytic seizure.

The ordinary stimulants and support seem to be utterly inefficacious in relieving this gradual sinking, and it appears to be in some measure irrespective also of the degree of severity of the mental symptoms.

The treatment would consist in endeavouring to support the powers of life by generous diet; using counterirritation to the head; giving, cautiously, occasional opiates, and generally temporising, rather than using any vigorous treatment, the only effect of which would be, by lowering the already failing vital energy, to expedite, what so frequently occurs, a fatal termination.

On referring to my case-book, I find several instances which will illustrate each form of the disease which I have described, I will select one belonging to each of the three varieties.

Case I. *Acute Sthenic Mania.* Mr. D., a farmer, aged 66, strong, robust, and healthy, was admitted May 13, 1858, labouring under acute sthenic mania. He was incoherent, violently excited, singing, shouting, and furiously striking everyone around him. The head was hot, the face flushed, the conjunctiva injected and bright red, the pupils were somewhat contracted, the tongue was large and red, the bowels were confined, the urine was scanty and high coloured. Pulse 96, full and bounding. He had no appetite for food, but would drink constantly. He made use of the most obscene and disgusting language, and was utterly unable to follow any one train of ideas for long together; the intelligential evidently suffering equally with the emotional faculties. It was evening when he was admitted, so he was put to bed, and a powder, consisting of three grains of calomel and a drop of croton-oil, was given immediately, with a draught, containing two grains of tartar emetic in an ounce of distilled water. He shouted and sang during the greater part of the night; but towards morning his bowels were copiously relieved by the medicines. When I saw him at nine o'clock in the morning, the head was cooler, the face less flushed, the conjunctiva less injected, and the excitement had considerably abated. He was sent out into the yard with two attendants, who were ordered to keep him walking, at a quick pace, for two hours, to bring him back into the house, and administer another draught. The effect of this was to keep up the copious purging; and, to make a long story short, in a week from admission he was comparatively well, and returned home, quite recovered, in nine weeks.

Case II. *Acute Asthenic Mania.* Mrs. T., aged 38, the wife of an artisan, was admitted September 10, 1859, labouring under acute mania, of the asthenic variety. She was most incoherent and irrational; she could not carry on, even for a moment, any connected conversation, but was continually dancing about the room, singing and shouting in the most excited manner, throwing her face also into the most ludicrous contortions. The head was cool, the pupils were dilated, the face pale, the conjunctiva uninjected, the general surface was moist and perspiring, the tongue was white and pale, the bowels were irregular, the urine was in sufficient quantity, but pale. Pulse 110, feeble, and without power. There was evidently, in this case, but little physical strength. She was ordered to have 30 minims of the solution of hydrochlorate of morphia, and 20 minims of sulphuric æther, each night on going to bed, and a draught three times a day, containing six grains of ammonio-citrate of iron, half a drachm of aromatic spirit of ammonia, and an ounce of infusion of calumba; to have, also, two glasses of port wine, and as much beef-tea and nourishment as she could be made to take, daily. On September 17, I find recorded—"The excitement materially decreased, and the general health much improved. Ordered to continue the remedies, and take the opiate twice in the day". By the 30th of September, the excitement had all passed away. She could eat and sleep well, and was, indeed, convalescent. She left the house, quite recovered, on November 10.

Case III. *Subacute Persistent Mania.* Mr. H., a master-builder, was admitted November 12, 1858, manifesting all the symptoms of acute mania. Intense incoherence and excitement, restlessness, sleeplessness, violence in manner and language, inattention to common cleanliness and decorum, combined with a cool head, uninjected conjunctiva, brown and dry tongue, hardly any appetite, constipated bowels, fœtid urine. Pulse 96, weak and compressible. The pupils were irregular, the right being somewhat contracted. He was ordered to be taken round the airing-ground, between two attendants, for a considerable time, to have an aperient powder; and, after the action of the bowels, a draught, containing two ounces of brandy and forty minims of the solution of morphia. In the morning he was somewhat quieter, and his pulse had improved slightly in power and regularity. This treatment was continued for several days, with varying effect; other modes were also adopted. He was allowed an unlimited quantity of beef-tea, and eight ounces of wine, daily. Counter-irritation was applied to the head; but, in spite of all, he gradually became exhausted, the symptoms having speedily become much less acute, and died one month after admission.

A *post mortem* examination discovered in the brain traces of foregone subacute inflammation; and there were also, in the lungs, the remains of previous inflammatory action.

ON THE TREATMENT OF SCALDS OF THE GLOTTIS.

By JOHN SLOANE, M.D., Leicester.

DURING a residence of seven years and a half in two large county hospitals, I have seen six cases of scald of the glottis in children, from attempts to drink boiling water from the spout of a kettle. As, in five of these cases, the untoward symptoms which result from this injury appeared to me to be effectually controlled by the treatment adopted, I believe I shall do some service by directing the attention of the profession to it. I shall briefly describe all the cases which have fallen under my observation.

CASE I. *Scald of the Glottis succeeded by urgent Dyspnœa: Tracheotomy: Pneumonia: Death.* Dec. 27th, 1852. Robert Johnson, aged 3 years, of Radford, was admitted into the General Hospital, Nottingham, under the care of Mr. Eddison. The child was stated to have very recently attempted to drink boiling water from the spout of a kettle. The breathing was easy. The mucous membrane of the mouth was congested, and over the posterior parts there was a number of white patches. He was ordered to take every two hours a teaspoonful of a saline mixture containing one-sixteenth of a grain of tartar emetic; also every two hours a grain of calomel; an hour to intervene between the dose of the mixture and the powder. About three hours after admission, rapidly increasing dyspnœa came on, with crowing inspiration and some lividity of lips and countenance. He was ordered to have the air which he breathed saturated with steam. This was accomplished by putting the child in a small ward, in which water was boiled in an open vessel, the steam from which escaped into the apartment. Six hours after admission, the dyspnœa having become very urgent, Mr. Eddison performed tracheotomy, making the opening in the upper rings of the windpipe. A tube having been inserted, a considerable quantity of tough mucus was expelled, and in a few minutes the patient was asleep. Flannels, wrung out of hot water, were placed over the opening; and the medicines were omitted.

Dec. 28th. He slept soundly during the night. Some mucous râles were audible over the chest. On attempting to swallow a little tea, it was returned by the nares. He was ordered to have injections of beef-tea every six hours.

Dec. 29th. The patient swallows greedily. The mucous râles are diminished. The enemata were omitted. He was ordered to have beef-tea and a mixture of tea and milk.

Dec. 31st. The tube was removed. Moist crepitation was heard all over the chest. He takes his beef-tea well.

Jan. 6th, 1853. He progressed favourably till last night, when the effusion into the bronchi became much increased, accompanied with considerable dyspnœa. Steam was constantly poured into the room, apparently with much benefit.

Jan. 7th. He was much better.

Jan. 10th. The dyspnœa increased very much in the night. The opening was enlarged downwards, without relief. He died to-day.

The dissection revealed considerable congestion of the epiglottis, larynx, trachea, and bronchial tubes, with splenisation of the middle lobe of the right lung, and of the antero-inferior border of the left. The lower lobe of the right lung was much congested, and did not crepitate on pressure. A copious effusion of mucus was found in the bronchial tubes.

CASE II. *Scald of the Glottis: Urgent Dyspnœa: Recovery.* March 24th, 1854. Robert Payne, aged 2 years, was admitted into the General Hospital, Nottingham, having an hour previously attempted to drink boiling water from the spout of a kettle. On admission, his breathing was slightly croupy in character. He was ordered to take a grain of calomel every hour; and a saline mixture, containing one-sixteenth of a grain of tartar emetic, every two hours. About three hours after admission, four leeches were applied to the front of the neck. About four hours after he was brought to the hospital, the dyspnœa had become very urgent, and Mr. White was consulted about the propriety of performing tracheotomy. He refused to sanction this operation, stating that death almost invariably resulted; whereas cases submitted to the treatment being carried out in this child frequently recovered. Twelve hours after the accident had happened, Mr. White, the house-surgeon, was called to see the boy; and the breathing was then so very difficult that Mr. White considered him in a hopeless state. He, however, shortly after began to improve; and, on the 26th, the breathing was still crowing, but much easier than on the preceding day. On the 29th, he was discharged, quite well.

CASE III. *Scald of the Glottis: Dyspnœa: Recovery.* March 15th, 1856. Sarah Collins, aged 3, was admitted into the Leicester Infirmary, under the care of Mr. Paget, having five minutes previously attempted to swallow some boiling water from the spout of a kettle. Some grey patches were visible on the inside of the mouth. The breathing, on admission, was quite easy. She was merely ordered to take a little saline mixture every two hours. At midnight, six hours after admission, I was called to see her; and the breathing was now difficult and noisy. There was no lividity of the lips, or of the countenance. She was ordered to have three leeches over the larynx, to take a grain of calomel every hour, and one-twelfth of a grain of tartar emetic with each dose of the mixture.

March 16th. She was sick after the first doses of the antimony. The dose was therefore diminished to one-sixteenth of a grain. The child was allowed beef-tea and milk *ad libitum*.

Nothing worthy of note subsequently occurred; and, on the 18th, she was discharged cured.

CASE IV. *Scald of Glottis: Dyspnœa: Recovery.* Jan. 13th, 1858. S. Johnson, aged 2½ years, was admitted into the Leicester Infirmary, under the care of Mr. Paget. The patient, a healthy boy, about an hour before admission drank some boiling water from the spout of a tea-kettle. The water was "steaming hot". He spat it out, and rolled on the floor, screaming. On admission, his breathing was easy. His mouth was not examined. He was ordered to take a grain of calomel every hour, and one-sixteenth of a grain of tartar emetic in a saline mixture every two hours. He was admitted at six o'clock in the evening.

Jan. 14th. I saw him at midnight. His breathing was then slightly laboured and noisy. Between one and two o'clock this morning, he began to vomit; and, during the next four hours, he vomited three times. About six o'clock, the bowels were well cleared out. After my midnight visit, the mother informs me that his breathing became gradually more noisy and laboured till about six, when it was quite croupy. He then began to improve; and his breathing at noon this day was perfectly easy. In the evening, he was discharged cured.

CASE V. *Scald of the Glottis: Treatment by Calomel and Antimony: Dyspnœa thirty hours after the Accident, the Calomel having been previously omitted: Recovery.* March 20th. Alice Hill, aged 3, was admitted into the Leicester Infirmary, under the care of Mr. Paget, having drunk some boiling water from the spout of a tea-kettle. She had been always a healthy child, but, for a week previously to the accident, was rather "feverish", although able to go to school. The child was ordered the calomel and antimony, as in the preceding case.

March 21st. The breathing is perfectly easy, and the child seems quite well. After the medicine had been taken twelve hours, it caused sickness. For urgent reasons, the mother was allowed to remove her child from the Infirmary. The calomel was omitted, but the antimony was continued.

March 22nd. At twelve o'clock last night the breathing began to be laboured, and it has since been gradually becoming worse. The respirations are forty in the minute, loudly sighing, sometimes slightly crowing. The eyelids are half closed, the head is moved forwards with each inspiration. There is no lividity of the countenance; no cough. She has had no antimony since three o'clock this morning, as her supply of medicine had become exhausted. She was readmitted. The calomel and antimony were repeated, as at first.

March 23rd. The breathing this morning was perfectly easy. She remained in the Infirmary for seven days longer, on account of an attack of diarrhœa. She was then discharged, cured.

CASE VI. *Scald of the Glottis: Dyspnœa: Recovery.* November 28th. Elizabeth Smith, aged 3¼ years, was admitted yesterday into the Leicester Infirmary, under the care of Mr. Paget. She is a healthy, well developed child, who had had no previous illness. Yesterday, she attempted to swallow boiling water from the spout of a kettle. She began to have noisy breathing about five hours afterwards. When she was brought to the Infirmary, four hours after the commencement of the dyspnœa, the breathing was slightly crowing, and difficult. Three leeches were ordered to be applied at the upper part of the sternum, and a grain of calomel was prescribed, to be

taken every hour, and one-twelfth of a grain of tartar emetic every two hours. These remedies were ordered about nine o'clock in the evening.

November 29th. The symptoms had quite disappeared. The medicine made the child vomit once, about twenty-four hours after she began to take it. To-day she was ordered to take the remedies only half as frequently as on admission.

November 30th. She appeared to be free from all danger, and was discharged, cured.

REMARKS. Of these six cases, it will be observed that the only one which ended fatally was that in which tracheotomy was performed, and the dyspnœa was never so urgent in this case as in that of Payne, who recovered. According to Mr. Wright of Nottingham, who is a surgeon of great experience, tracheotomy in scalds of the glottis almost invariably results in death; and the treatment by leeching, calomel, and antimony, is frequently successful. In the *Medical Times and Gazette*, there was lately published a report of fourteen cases of scalds of the glottis in which tracheotomy was adopted. If we add to these fourteen the case which I have published, and another which occurred about two years ago in the Dispensary of this town, and which ended fatally, we have sixteen cases of scalds of the glottis in which tracheotomy was resorted to, and, of these, no fewer than thirteen ended fatally, and "in one of the cases which recovered, from certain peculiarities in the history, there is quite room for doubt as to whether the boiling water had ever reached the glottis". These facts are in accordance with Mr. Wright's statement, that tracheotomy in scalds of the glottis almost invariably ends in death, and, as far as my observetion has extended, the other part of his statement is equally correct, in which he avers that the treatment by calomel, antimony, and leeching is frequently successful. In five of the six cases I publish it was successful, and, I believe, if tracheotomy had not been adopted in the remaining case, it would have been successful in this also.

In scalds of the glottis, I believe it is the best course to commence treatment by calomel and antimony as soon as the accident has happened, although dyspnœa may not be present, and to continue the treatment for forty-eight hours, gradually diminishing the doses for the last twenty-four hours. By the early adoption of the treatment the dyspnœa may be prevented, or at least mitigated; at all events no harm is likely to ensue from this course. Case v. shows the danger of omitting the remedies, especially the calomel, too soon.

CASE OF TETANUS INFANTUM.

By I. HARRINSON, Esq., F.R.C.S., Fellow of the Obstetrical Society.

[*Read before the Reading Pathological Society, October 12th*, 1859.]

MRS. Searle, Orchard Street, aged 24, was delivered of her third child on Friday morning, September 2nd, 1859. It was a male child, fine and apparently healthy in every respect. From Friday till Wednesday all was well. The cord separated on Tuesday, the fifth day. On Wednesday, the child was restless, cried, and kicked. On Thursday, the mother reported that it cried all day; could not open its mouth; could not suck; and frequently stretched, and was stiff.

Next day (Friday), I saw it. Every few minutes it appeared as if struck by an electric shock; every muscle was thrown into distorted action.

I will not attempt to describe. This drawing tells the wrinkled forehead; the elevated brow; the closed eye; the dilated nostril; the rigid masseter; the fixed jaw; the closed mouth; the corrugated lips; the bubbling saliva; the retracted head; the shortened neck; the starting cervical muscles; the turgid veins; the arched spine; the raised chest; the troubled breathing; the catching diaphragm; the heaving abdomen; the separated arm; the squared elbow; the bent wrist; the clenched fingers; the incurved thumb; the extended and separated legs; the bent down toes; the livid surface; the whole figure rigid as wood—a pitiful sight.

The paroxysm was renewed by a slight noise, the gentlest touch. A placid interval of a few minutes succeeded, and then another fit followed.

On inquiry, I could make little out as to predisposing causes, or anything favouring the development of such a disease. The mother was healthy; the labour said to be hard, of eighteen hours duration, conducted by a midwife; the child vigorous, at the full period; milk abundant; the after care better than in most of her class; her room small, but unusually clean; no exposure to cold; and there was no surrounding source of noxious agency discoverable.

On examining the child, the umbilicus was seen prominent, at least half an inch long, red, and showing an unhealthy suppurating surface. At this time, there was no alteration in the colour of the skin.

The treatment consisted in having a large poultice constantly on the umbilicus; in warmth, quiet, and getting down as much milk, with a small portion of brandy, as possible. There were intervals, few and far between, in which a fair quantity could be administered. The medicine consisted of magnesia, syrup of poppies, assafœtida, and some aromatic water occasionally given.

I shall not attempt a daily report, as one day's detail differed little from its fellow. The umbilicus continued to discharge till within two days of its death. The secretions were normal throughout. Emaciation rapidly advanced; the skin assumed a brownish hue, and hung in shrivelled folds of leathery texture. Peace and pang pursued their sickening interchange. The child gradually became more feeble; and on the tenth day of the disease, and the fifteenth of its existence, it sank by degrees exhausted.

POST MORTEM EXAMINATION, performed by Mr. George May. Only the abdomen was examined. The umbilicus had gained its usual appearance; nothing morbid was found. The umbilical vein was pervious, and contained a thin bloody fluid. The umbilical arteries were also pervious, but in a less degree than the veins.

REMARKS. Tetanus neonatorum used to be a common disease; now it is very rare. It was an hospital disease, and usually fatal. In the Dublin Lying-in Hosyital, it is said to have killed at one time 17 per cent.; and that better ventilation reduced this remarkable fatality to 5 per cent.

I need not go into the numerous causes, predisposing and exciting, supposed to have to do with the production of this disease. Confining myself to the class of cases under consideration, I may quote Dr. Copland, who says, "In connexion with the division of the umbilical cord, an impure air, etc., may concur in developing the malady in those constitutionally predisposed to it."

It may here be remarked, that the necessity for a wound of any kind is not absolute for the production of tetanus. Sir Charles Bell says: "In the West Indies, it is produced from exposure to the night air, and most probably from exhalations from the ground. Tetanus is epidemic in Brazil." Most writers believe that the cord has something to do with the origin of tetanus, but they don't know what: all speak indefinitely, except Professor Colles (quoted by Evanson and Maunsell), who shrewdly remarks: "A vitiated state of the atmosphere operates by inducing an unhealthy or unkindly form of inflammation or ulceration at the navel; and that the disease is, in fact, a species of traumatic tetanus, having its immediate cause in the wound occasioned by the separation of the cord." I maintain, with Dr. Colles, that a festering navel is the *fons et origo* of tetanus infantum. I do not say that tetanus is the only disease that may arise from a festering navel. For example, Mrs. W.'s infant was born before I arrived, and the cord was tied by the nurse; how, I do not know. I did not see it. The child was healthy in every respect. All was well till the morning of the sixth day, when the nurse said it began to look "sorry". On this day the cord came off. I saw it in the evening. It had a grievous look—sunken—clearly from grave mischief. The umbilicus was festering; abdomen distended and hard. It died on the eighth day. *Post mortem* examination, the umbilicus was red and prominent. There was universal peritonitis. The liver was wholly covered by false membrane.

Speaking from my own limited experience, bruised unhealthy wounds are those that favour tetanus. They have been present in two other cases which have occurred to me.

A tradesman, living in Minster Street, aged 31, was thrown out of a pony carriage. He fell on his knees, which were much bruised and wounded, leaving angry sores. Tetanus supervened on the fifteenth day; he died on the nineteenth.

I saw, with Mr. Luce, a boy aged 8 years, whose fingers had been smashed in an agricultural machine. Tetanus came on on the fourteenth day; he died on the nineteenth.

Short notes of the following two cases were taken, because of their recovery. A malignant tumour was removed by Mr. Fergusson, from the tibia of a man, aged 20. On the 20th day afterwards, tetanus appeared. He got well. Opium, croton oil, and quinine were used. (BRITISH MEDICAL JOURNAL, October 3rd, 1857.)

A girl, aged 7 years, was admitted into St. George's Hospital,

under Dr. Jones, with a large ulcer underneath the tongue. Tetanus followed. Cinchona, stimulants, opium and turpentine enemata were employed. She recovered. (British Medical Journal, August 20th, 1859.)

Such cases show the sort of injuries with which tetanus is connected. Conversely, Sir Charles Bell says, "a kindly suppurating wound is least allied to it." It would seem that the advent of symptoms is as the age, younger the subject, quicker their accession, and *vice versa*, which is no more than we should *à priori* expect.

From this sore umbilicus, then, the *materies morbi* circulates; but whether through the umbilical vein-arteries or surrounding vessels, it is not for me to decide. Dr. West says, "the umbilical vein has presented signs of phlebitis."

Small local sources of formidable maladies may be and are readily overlooked. Take the following case of pyæmia from a boil:—"A man had a small boil just above the right eyebrow, which had been squeezed open. Erythema followed—a soporous state, and death on the fourth day. The seat of the small furuncle was no longer perceptible, yet the vein in the neighbourhood was found filled with pus where it entered the facial vein. From this insignificant place, therefore, the blood had been impregnated with pus." (Dr. Stromeyer, *British and Foreign Medico-Chirurgical Review*, January 1856.) Take also, "meningitis of the cord, set up by phlebitis of the cervical veins, from chronic disease of the ear." Also, "paraplegia associated with gonorrhœa, from phlebitis of the vesical and pelvic veins, extending to the veins of the spine." (Dr. Gull.)

Abscess of the brain and lungs, from a diseased ear, and of the liver, from ulcers of the intestines, are sufficiently well known. Diabetes, from a blow on the head, may also be named.

We have been in the habit of requiring too manifest causes, and too extensive pathological appearances, to satisfy us of their effects and influences—to say nothing of our somewhat saltatory search, which could recognise nothing but bulky alterations—nearly forgetting delicate structure and susceptible function. "We may conclude," says Dr. Gull, "that the spinal cord may have its functions impaired, and even lost, and that suddenly, as far as the power of motion is concerned, without any distinct amount of anatomical lesion."

"If our knowledge of Pathology," says the Dublin reviewer, "is destined ever to attain precision or perfection, we doubt not it is by directing our inquiries into the causation of disease—to the changes which the vital fluid undergoes.' That the blood is vitiated in tetanus, modern authors bear testimony. "A depreciation of the sanguineous fluid originates the malady." (Travers.) "There is something in the constitution of which the tetanus is the outward and visible sign." (Dr. Snow.) "Under the influence," says the reviewer (*British and Foreign*), "of certain atmospheric conditions or constitutions, pernicious atomic groupings may take place within the body, when the normal force tending to resist such changes is inadequate to prevent them."

"A short time only will elapse, says Sir J. K. Shuttleworth, "ere the means of detecting the seeds of disease in the blood, and of ascertaining whether the elements necessary to the due activity of the functions are in the right proportions, will be amongst the common modes of diagnosis in daily use." "How many diseases," he goes on to remark, "in the human body may depend on the imperfection of chemical changes in the assimilatory, or respiratory, or excretory organs, or in the tissues dependent on deficient innervation."

Why the gravamen of such a disordered state should be precipitated on the spinal marrow, may be difficult to determine. I am, fortunately, relieved of this requirement by the recollection of the multiform assault of other poisons; for example, of the marsh miasm in the production of melanæmia. "There being those cases," says Dr. Wilks, "where the cerebral symptoms predominated, those where the kidney is principally affected, those where the digestive organs and liver suffer, and those where the symptoms are merely those of anæmia." In tetanus, most probably, some allotropic variety of pus determines the site. That it should have a specific influence—that it should operate as it does when so precipitated is not more singular than the action of the oxytoxic ergot of rye, which, as Dr, Tyler Smith says, "passes into the blood, and affects the spinal centre, being specially directed to the lower portion of the spinal marrow, and to that part of it in relation with the uterus."

Treatment, under such a pathology, would naturally resolve itself into the preventive, special and general. The preventive would consist in the proper management of the cord. This became separated, in the case under discussion, it will be remembered, on the fifth day, two days before the usual time.

Dr. Boiveau observed, that all those attacked presented marks of inflammation about the umbilicus; considering it, therefore, traumatic tetanus, he recommended the dressings should not be removed from the cord before the fifteenth day—a practice attended with success. The period of separation will of course vary; but one thing is certain—its dropping off should not be prematurely facilitated by the pulls it often gets at the hands of nurses, to whose tender mercies this duty is conventionally entrusted.

The conversion of a festering into a kindly sore would be conducted on acknowledged surgical principles. It would demand our first and best attention, on the ground *causâ ablatâ tollitur effectus*. Sir C. Bell says, "such a condition of the wound we often desire, as most like to put a stop to its violence."

The general treatment would be that of pyæmia and of its kindred affections, of which tetanus is undoubtedly one. On appropriate stimulants, largely administered and diligently sustained, we may hopefully base our principal reliance. Under such a plan and its associated addenda, I do not despair seeing tetanus one of the most tractable diseases of its class.*

MYALGIA AND MYOSITIS.

By Thomas Inman, M.D., Physician to the Liverpool Royal Infirmary.

Case I. Jane M., aged 20, a milliner's shopwoman, was admitted October 20, with pain and stiffness of both lower extremities. She was of average size, stout, and apparently well nourished, but had lost all appetite for food for the last three months. Her business compelled her to stand in or walk about the shop the whole day. About a week before admission, the legs began to be painful, and when she came into the Hospital they were so bad that she could not walk without great suffering. She was unable to bend either knee, and "stumped" about on her heels, as if on wooden supports. The posterior part of both thighs and legs were of brawny hardness, and tender to the touch. She was ordered to lie in bed, and to take steel mixture. At this time, there was no sign, externally, of inflammation. The first part of my recommendation the patient would not submit to, until the next patient came in and she overheard my remarks to the students on her case; she then took to bed. In seven days after rest in bed, the left leg was quite well, soft, comfortable, painless; but on the right leg there was, at the upper part of the calf, a spot which remained hard, brawny, and tender to the touch. In seven days more there was cutaneous redness, and increased tenderness; and in another seven days a large abscess was opened, which had formed between the soleus and gastrocnemius. A large sinus forming, the patient was transferred to a surgical ward, where she ultimately recovered.

Probably the patient would have recovered without suppuration, had she rested the limb at the first when ordered to do so.

Case II. Ann B., aged 22, a servant at an hotel, was admitted October 27, with precisely similar symptoms as Jane M. She was stout, but pale; her occupation consisted chiefly in standing at a dresser washing glass and crockery, and "from the time she left bed until her return to it she never sat down, except for a few minutes at dinner." Twelve months ago, she had been obliged to leave her place from excessive inframammary pain, which had been cured by rest and tonic medicines. She had been able to do her work tolerably well until her strength failed her, in consequence of menorrhagia and total anorexia. The posterior parts of the lower extremities were of brawny hardness, and very tender to the touch; there were muscular pains about the abdomen and lumbar region, but of no great severity.

She was ordered to lie in bed, with cotton-wool around the calves to keep off the roughness of the bed linen; and to take twenty minims of the tincture of sesquichloride of iron three times a day. Improvement was perceptible in three days, and she left the house, quite well, in a fortnight.

* Since reading this paper, I have observed that the view of the toxæmic origin of tetanus has been advocated by Dr. B. W. Richardson, in a paper on Zymosis, read before the Epidemiological Society (Brit. Med. Journal, Nov. 19, 1859); and by Mr. S. Wells, in a paper read before the Royal Medical and Chirurgical Society (Journal, Dec. 3, 1859). Dr. Richardson, it is stated, "claimed tetanus to be essentially zymotic. His theory of its production in traumatic cases was that the wound, in the process of healing, secreted a special albuminous product, which had the property of a ferment.' I. H.

CASE III. Martha P., aged 30, a very thin, pale, and delicate looking woman, was admitted Nov. 20, with severe abdominal pain. She was a nursemaid, and had a hard and fatiguing place. She was also of consumptive family, and had quite lost her appetite, and we were informed that considerable quantities of lead had been found in the water consumed by the household of which she was a member. On examining the abdomen, both "recti" muscles were rigidly hard, feeling more like cords or boards than flesh. The "obliqui" were also hard, but not to the same degree. Pain was referred chiefly to the inframammary region. There was great tenderness of the skin, and my examination, gentle as it was, produced much suffering. She was ordered to lie in bed, and to take steel mixture. A fortnight elapsed ere there was the smallest improvement in the pain and hardness; but at that period the obliqui were soft and the recti a trifle more yielding; in another fortnight the latter had become generally soft, but were thrown into cramp on the smallest exertion. She was able to sit up and dress herself, for the first time, December 23. The abdomen was then soft, but she reported herself as "still very weak."

Jan. 10th. In consequence of sitting up too long one day, the abdominal pain and hardness of the muscle returned, and she was obliged again to take to bed. The abdomen is again returning to a healthy condition; but there is some fear that phthisis is impending, and that a long period will elapse ere she recovers sufficient strength to leave the house.

CASE IV. About twenty months ago I was called into Shropshire to see a young lady, aged 18, who had been suffering from severe abdominal pain, and whose complaint had baffled her medical attendants—one fearing chronic peritonitis, the other a malignant growth. The following were the facts I elicited:—The lady was the daughter of a wealthy farmer, had led an active life, was a handsome, well made girl, without any expression of suffering in her features, and spoke pleasantly, though in short sentences. Her mother, I was told, had died of consumption, and she had lost four sisters from the same cause. The pain had been gradually coming on, and was now very severe; but her aunt, who was residing with her, remarked, "that she did not think the suffering could be very great, for the lady had only a few days before my visit left her bed, to ride on her pony a distance of four or five miles." Since that period, however, she had been so bad as to be unable to turn in bed without assistance. The pulse was good, the tongue clean, and there was complete absence of fever. The bowels were moderately regular, but there was an almost total loss of appetite. On making a physical examination of the abdomen, I found it universally (*hysterically* as older authors would have said) tender, and on being asked to point out the most painful parts, the patient mapped out the lineæ semilunares and the transverse fibrous bands of the recti. Percussion was everywhere resonant, but duller than natural, and a firm, resisting sensation was communicated to the plessimeter, as if it were struck on the other side, at every stroke of the hammer. Manipulation was much complained of; and, ere we left the room, the pain was said to be much aggravated, and, on renewed inspection, we could see all the abdominal muscles as distinctly marked as they are in the Farnese Hercules. Taking all things into consideration, I thought the case one of myalgia, which had been temporarily aggravated by the equestrian exercise referred to by her aunt; a treatment was adopted accordingly. Little improvement, however, took place for many weeks; but after that she gradually recovered. About a year afterwards, I saw her in Liverpool; she was then able to take a certain amount of exercise without pain, but if she exceeded that she suffered in direct proportion to the excess. Thus she could go to church in the afternoon without subsequent pain, but not in the morning; but she could endure this, if she *rode* there and back. She had had to lie down a great deal, and her favourite posture was a similar one to that assumed by Turkish ladies while sitting on their carpets and cushions.

CASE V. Mrs. T. aged 54, came under my care November 15. The following was the history:—She resided near York, and had been driving in her carriage, when the horses became unmanageable for a time; on being controlled, she determined to leave the vehicle, and walk home, a distance of two miles. Next day she complained of pain in both legs, especially about the hams, and for this her physician, considering it rheumatic, ordered the use of an ammoniacal liniment. Two days afterwards she came to Liverpool, and the morning afterwards the legs were so painful that she was unable, during the day, to leave the sofa, which she with difficulty reached. She was now seen by a medical friend, who ordered a liniment containing belladonna, and on his leaving home next day, I took charge of the case.

On learning the foregoing particulars, I examined the legs, and found them precisely in the same condition as in cases I. and II. The right leg was the worst; but both were exquisitely tender, and of brawny hardness. They had been worse after each application of the liniment. On further investigation, I ascertained that the lady had been suffering for years from various myalgic pains, of great, often of intense, severity; that she was subject to severe "bilious attacks," vomiting, and almost complete anorexia; neuralgia of the forehead was common, and there was such an amount of "nervousness" that she was startled by the least noise, even by the doctor commencing a fresh observation. As it was clear that a walk of two miles was not, under ordinary circumstances, sufficient to produce myalgia of the legs, I inquired more minutely into the life and habits of the patient. I found that she was constitutionally delicate, that she had suffered from various severe diseases since childhood; that she had been treated by very powerful medicines; had been salivated for weeks together; that she was very active in her habits, and that, from the severity of her sufferings, she had, for the last few years, been recommended to take morphia; that few days elapsed without her taking four doses of this drug; and that whenever she had a shopping expedition, or had any unusual exertion, she took as many as six doses a day (as I did not see the prescription, I could not ascertain the exact amount, but inferred that each dose was about one quarter of a grain). To obviate the effect of these daily doses of morphia, she took nightly doses of aperient medicine, and the natural result of this mode of life was a steady diminution of strength, extraordinary irritability of the nervous system, of the stomach, liver, and bowels.

I recommended perfect rest, and after awhile succeeded in inducing the patient to give up, first the opiate and then the aperient. The leg was swathed with a morphia lotion, and subsequently with cotton-wool alone. But rest in bed I could not persuade my patient to take. The result was that the leg mended so slowly that she was constantly obliged to "favour" it, whenever she walked, by using the other as far as possible.

By quiet perseverance, the lady became convinced that she could do without her old medicines; for on giving them up the sickness, nausea, biliousness, and anorexia, gave way. By returning to them, occasionally, these symptoms returned, and at the end of about three weeks, she went back to Yorkshire, improved in every respect, yet with a constitution deplorably shattered, and requiring, at least, three months unremitting care for its restoration, and a leg still painful and hard.

Instead of giving herself the necessary time to recruit, the patient only gave herself two days, and then went about her household duties, as far as her aching leg would let her. In about a fortnight afterwards, I heard that the left leg, which had to do double work since the right one had been disabled, was more intensely painful than the other had been. My sole recommendation was a reiteration of my first direction—absolute rest in bed—and since then I have heard no more of the case.

CASE VI. The next case is, I think, especially valuable, as showing clearly the connexion between cause and effect. E. H. I., aged 9, was taken ill with scarlatina January 3. After a very severe attack, in which sore-throat, deafness, earache, and vivid redness of the skin, had formed the prominent symptoms, he felt sufficiently well on January 17 to chat vivaciously to the nurse. This was followed by pain in the omo- and sterno-hyoids for about an hour, during which period talking and swallowing were very painful. Next day he was allowed to sit up by the fire, in an armchair; after enjoying himself for about three hours, he began to cry with abdominal and cervical pain; on reaching bed, swallowing was intensely painful, the suffering being referred chiefly to the sterno-mastoid. At that time there was neither redness nor swelling, though the skin was exquisitely tender. In three hours the lad slept, and awoke on the 19th, with soreness of the neck, including the platysma, there was much dysphagia too, but the fauces and tonsils looked perfectly healthy, though pale; he was unable to move his head, which he said felt too heavy for the shoulders. The urine was healthy; by night the dysphagia became excessive, and there was abundant secretion of ropy mucus from the throat; the pulse was intermittent; there was considerable swelling about the upper and middle portion of both sterno-mastoids, and at the angle of the jaw. On the 20th the tongue was creamy, all the painful symptoms were

aggravated, the urine slightly bloody, and the debility excessive.

Jan. 21st. Improvement began, and continued until the 23rd, when he was so much better that he was able to eat comfortably, and once again sat up while his bed was being made. Care being taken to prevent undue muscular exertion, he escaped any more myalgic pains until the 25th. During that day he had been "roaring" with laughter and fun, and had been sitting up in bed for the greatest part of the afternoon. At night, after a short sleep, he was awaked crying with severe pain in the iliac and pubic regions, which lasted for about six hours. On the 26th, he was too sore to move or to talk. On the 27th, he was much better, and lively enough to play; but, fearing to sit up, he only raised himself on one elbow, in the position assumed by the Greeks at their symposia. This position threw much strain upon the sterno-mastoid of the left side; and the result was, that a very intense pain in that muscle came on at night, with much swelling and tenderness, and difficulty of swallowing. After this, he became very fearful of moving, and lay quietly until February 1st, when he was again full of fun, and laughed and talked with more than usual vivacity. The same result followed, and the pain was referred to the tragus, the sterno-hyoid and thyroid, the omohyoid, and the platysma. The next day, he was too sore to move. During the whole of the complaint, the debility was excessive, and hæmaturia twice occurred, passing away on each occasion in twenty-four hours, without special treatment. He was able to leave home for change of air on February 10th, but remained subject to myalgia for many weeks. On one occasion, the 19th, 20th, and 21st of January, I felt no doubt that there was genuine inflammation, which had commenced in the sterno-mastoid, and had spread to the parts around, including the pharyngeal muscles and the faucial mucous membrane.

Dr. Sandwith of Beverley has told me of a case in which this state of things eventuated in permanent wryneck, for the cure of which he subsequently operated. On making a section of the muscle, he found it converted into a substance of almost cartilaginous appearance of hardness.

Case vii. The next case is one where, after scarlatina, the myalgia was so general as to lead to the fear of acute rheumatic fever.

J. M. J., aged 10, a tall overgrown girl, of strumous habit, had a very mild attack of scarlet fever, but which was complicated by two attacks of hæmaturia, much vomiting, and by a serious epileptic seizure. The fever began January 22nd; and by February 26th she was sufficiently recovered to go to Southport for change of air. The journey involved a walk down stairs and to a car, a drive to the railway (one mile), a walk to the train (a hundred yards), a ride of an hour, a walk to a car (twenty yards), a drive of five hundred yards, and a walk into the house (twenty yards). On her arrival, she seemed to be in excellent health and spirits, and not to be at all fatigued; but, on the next day, she complained of intense pain and tenderness all over the body, and especially about the knee and ankle joints. This obliged her to keep to bed for two days, after which she slowly began to recover; but a whole week elapsed ere she could place one heel in advance of the other toe while walking, and three months elapsed ere she could sit up for more than two hours without having inframammary pain, on the one side or the other, according as she had been sitting. The last attack of hæmaturia lasted for four months ere it disappeared. No special treatment was adopted, nor did there appear to be any mischief resulting. She has since that period continued in perfectly good health.

Remarks. These cases are sufficient to show—1. That excessive use of a muscle may produce an inflammatory condition; 2. That this condition may subside without suppuration or organic change; 3. That "resolution" is favoured by absolute rest; 4. That this condition is induced by what appears to be very slight exertion; 5. That *slight* exertion becomes *excessive* when beyond the patient's strength; 6. That the existence of myalgia, from apparently trivial causes, implies the presence of debility or cachexia; 7. That this cachexy may be constitutional or accidental—*e. g.*, from anorexia, from prolonged use of aperients, or from scarlatina; 8. That the diagnosis of a case is not completed when "myalgia" is made out, but that it is necessary still farther to investigate the circumstances producing it. They *suggest* the idea—*a.* That the severe pains so common in scurvy, and the brawny hardness so constantly met with in the hams, calves, and thighs, in that complaint, are due to myositis, from overexertion, in individuals weakened by scorbutic cachexia; *b.* That the hardness of the abdominal walls, so common in cancerous affections and in inflammation of the liver, may be due to myositis, the result of overexertion in a cachectic subject, or from the spread of inflammation from the liver to the recti and obliqui; *c.* That the few cases in which myalgic pains are relieved by local bleeding are those in which overexertion has produced a quasi-inflammatory condition in the affected muscle; *d.* That the condition of the abdominal walls referred to must always complicate the diagnosis of abdominal tumours; *e.* That, in all cases of suspected abdominal disease, the examination must be made with the greatest possible gentleness, so as not to provoke the irritable muscles to contract.

In conclusion, I would remark, that any one who wishes to ascertain for himself the power of the muscular system under varying circumstances may do so by using Hutchinson's spirometer. He will find in his own person that he can blow it up high or low, according to his condition at the time. So sensitive is this test, that the influence of a day's fatigue, diarrhœa, influenza, and the like, are all marked by a diminution of the amount expired, varying from five to twenty cubic inches. In fact, the spirometer is not simply an index of the state of the lungs, but is an index of the inflating power. I have often noted that those of consumptive tendency, though of sound lungs, are the most subject to myalgia; it is in them also that we meet with the greatest deficiency of respiratory power, as shown by the spirometer.

TURNING AS A SUBSTITUTE FOR THE FORCEPS IN CASES OF NARROW PELVIS.

By Robert Jones, Esq., Strefford.

In a series of papers published some years ago in this Journal, Dr. Simpson advocated the operation of turning in labours connected with narrow pelves, in preference to the use of the long forceps or craniotomy, provided it be had recourse to early, as being attended with less danger to the mother, and as affording a greater chance of saving the life of the child. He states that morbid contraction of the brim is, whatever mode of delivery be adopted, liable to cause rupture of the uterus, especially when the labour has been allowed to be protracted, and the compressed tissues of the cervix have consequently been rendered friable; and that, owing to the elasticity of the cranial bones, great force might be used in extracting the head, without endangering the child's life, etc.

The following case is related as corroborative of these views. A few years ago, early in May, Mrs. Cook requested me to attend her in her forthcoming confinement. She is a little spare Irishwoman, aged 38, the wife of a coachman. She had then nearly completed the eighth month of her eighth pregnancy. She informed me that her first four labours were tedious and painful; the children were small, but born alive, and were still living; that, in her two next confinements, she was attended by two different medical men, both living at Leintwardine; that in each the labour was painful and very protracted, and craniotomy was had recourse to in each. In her seventh confinement, which happened eighteen months ago, she was attended by a gentleman practising in Ludlow; this time the labour lasted thirty hours; it was left to nature, and the child was born dead.

I took this history as sufficient evidence of the existence of a morbidly contracted pelvis, and at once suggested the induction of premature labour. To this my patient stoutly objected. There was, therefore, nothing for it but to wait the natural time. Accordingly, early in the morning of the following 21st of June, I was sent for. I found she had been in labour all night, and for the four last hours the pains had been very powerful. The vagina was well lubricated, the sacrum very hollow, and the promontory greatly projecting forwards. The os uteri was well dilated, the membranes entire, and the child's head just entering the brim. With a trifling degree of force, I pushed back the head, carried my hand into the uterus, and brought down the feet without the least difficulty. Not so, however, with the head; for this required all or nearly all the strength I could use and keep up for some minutes. The head at length passed. The child was apparently dead; but the funis beat feebly, and at long intervals. Cold water being gently dashed on the face repeatedly, the child gasped, cried, and ultimately breathed well, and, I believe, is still living. The mother made a good recovery.

Periscope.

SURGERY.

ARRESTMENT OF SURGICAL HÆMORRHAGE.

THE *Edinburgh Medical Journal* for January 1860, contains an account of a communication lately made to the Royal Society of Edinburgh by Professor SIMPSON, on a new mode of arresting hæmorrhage in surgical wounds and operations. Dr. Simpson has also, in a letter to Dr. Cathcart Lees, published in the *Dublin Hospital Gazette* for January 2nd, given in a condensed form the reasoning which led him to the adoption of acupressure, as well as the method itself. After stating that he has used it with perfect success in three cases of excision of the breast, and that he has by means of it closed the carotid artery of a horse, he lays down the following general propositions.

1. Wounds will, as a general rule, heal entirely by primary adhesion, even under the most difficult circumstances, provided no arterial ligatures are used; as is every day proved, in obstetric surgery, by the successful reunion of the vivified lips of vesico-vaginal fistulæ tied together by metallic sutures, and that too in despite of the constant contact of urine with one side of these wounds.

2. The wounds in common surgery, as after the removal of a limb, mamma, tumour, etc., in very rare cases only unite completely and entirely by the first intention, or by primary adhesion. For example, M. Velpeau has seen the wound left after excision of the mamma close by primary adhesion in only about one in every thirty of the patients whom he has operated upon; and in all his exceptional cases where complete primary union took place, *no arterial ligatures* happened to be used.

3. Arterial *ligatures* act themselves as foreign bodies in the depths of the wound, and usually soon become irritating agents also, in consequence of the animal fluids which they there imbibe and swell with, decomposing in them.

4. Arterial ligatures prevent reunion in another way—they cut through each arterial tube which they surround, by a process of ulceration, suppuration, and gangrene; and every wound contains therefore as many centres and points of ulceration, suppuration, and mortification, as there are ligatures used.

5. Metallic needles or pins, when employed to compress and close the arteries opened in wounds and operations, are comparatively free from these objections, and do not offer the same obstacles to the closure of wounds by primary adhesion.

6. In accordance with the general pathological fact or law of the tolerance of living animal structures for metallic bodies imbedded in them, metallic needles produce little or no irritation by their presence, as seen (*a*) in the harmless retention for months or years, of bullets, small-shot, pins, etc., in the body; (*b*) in the relative innocuousness of long needles introduced and lodged for the purpose of acupuncture; (*c*) in the non-irritating character of iron, silver, and other metallic threads, when used as surgical sutures; and (*d*) in the employment, by all our best surgeons, of metallic pins or needles in the union of hare-lip, where the whole aim and object of the operation is to secure and establish primary adhesion of the lips of the wound.

7. The needles best adapted for arresting hæmorrhage by the system of acupressure are headed, shaped, and sharply-pointed, like hare-lip needles, but longer when the sides or flaps of the wound which they traverse are thick; and the best material for them, as for surgical suture-threads, is steel or iron rendered non-oxydisable or *passive*, according to the plan and language of Schönlein.

8. In closing, on the interior of a wound, a bleeding artery by acupressure, the needle requires to be passed *twice* through the sides or flap of the wound; namely, *first* from and through the skin of the flap inwards to the raw surface of the wound, and after bridging over and compressing the site of the bleeding artery (on the cardiac side of its bleeding point), then *secondly* it is pushed and passed from the raw surface of the wound back again to the skin; leaving thus exposed on the raw surface of the wound a short arc or bridge of steel lying across and compressing the tube of the bleeding artery, whilst the two extremities of the needle, that is its head and point, are both left exposed on the cutaneous surface of the flap.

9. The relative angles at which the needle is introduced into, and passes out again through the flap, regulate the degree of pressure exerted by the middle portion of the needle over the site of the artery.

10. The same process applies equally to the thickest and thinnest flaps; a very thick flap, however, as in amputation of the thigh, requiring a corresponding long needle; and sometimes two or more bleeding orifices or arteries being securable by the compression of one needle, but more generally, as is the case with ligatures, a separate needle being required for every separate bleeding artery.

11. In some circumstances and situations, an artery is more readily obstructed by being compressed by the needle against a neighbonring bone or other deep resistant point than when pinned, as described above, against the sides or flaps of the wound; and for this purpose the needle must be passed through the flap from without to near the site of the artery, and then afterwards over the site of the artery, and subsequently outwards again to the skin at such varying directions or angles as will ensure the adequate compression of the arterial tube between the side of the needle and the selected resistant point.

12. In many cases the mere bridging over and compression of the site of the artery by a needle passed not at all deeply into the cellular, muscular, or other soft tissues on either side of the artery, appear to be quite sufficient to arrest all flow of blood.

13. The heads of the acupresses, or acupressure needles, being always left out on the cutaneous surface of the wound, the needles themselves can thus be in every case entirely withdrawn in one or two days, or as soon as complete closure of the artery has been established, leaving no foreign body in the walls or flaps of the wound.

14. The acupressure of arteries instead of the ligature of them appears, as a means of arresting hæmorrhage, to present the following advantages:—(*a.*) Acupressure will be found to be more easy, simple, and expeditious than the application of the ligature. (*b.*) The metallic needles in acupressure can scarcely be looked upon as irritating foreign bodies in the wound, and may always be entirely withdrawn in two or three days, or as soon as the artery is completely closed; whilst the organic ligatures are irritating foreign bodies, and can never be withdrawn or removed till they have ulcerated through the tied vessels. (*c.*) The ligature inevitably produces ulceration, suppuration, and gangrene at each arterial point at which it is applied; whilst the closure of arterial tubes by acupressure is not attended by any such severe and morbid consequences. (*d.*) The chances, therefore, of the union of wounds by primary adhesion should be greater under the arrestments of surgical hæmorrhage by acupressure than by the ligature. (*e.*) Phlebitis, pyæmia and its consequences, or, in other words, surgical or traumatic fever, seems not unfrequently to be excited by the unhealthy suppurations and local sloughings which are set up in wounds by the irritation and effects of the ligatures. (*f.*) Such dangerous and fatal complications are less likely to be excited by the system of acupressure, seeing the presence and pressure of metallic needles has no such tendency to produce local suppurations and sloughs, such as occur at the seats of arterial ligatures. (*g.*) Hence, under the use of acupressure we are entitled to expect both that surgical wounds will heal more kindly and close more speedily; and that surgical operations and wounds will be less frequently attended than at present by the dire effects and perils of surgical fever.

POISONING BY WHITE PRECIPITATE. A girl, named Harriet Moore, an inmate of the Petworth Union, has been committed for trial on the charge of poisoning her illegitimate child by white precipitate (ammonio-chloride of mercury.) The principal interest attached to the case is the alleged rarity of poisoning with white precipitate. Dr. Taylor stated at the inquiry, that he knew of only one other case, in which the patient had taken twenty-five grains, and had recovered.

INCREASE OF LUNACY. The returns presented to the Essex Quarter Sessions last week exhibited a melancholy increase in the number of patients in the county lunatic asylum. In 1854, the total was 307; in 1855, 334; in 1856, 370; in 1857, 399; in 1858, 406; and in 1859, 419. The proportion of female patients considerably exceeds that of the other sex, the numbers being 242 women, and 177 men. In the Norfolk county asylum there are at present 331 patients—viz., 146 men and 185 women. This is an increase of five as compared with the preceding quarter, and of about 30 during the last six years.

British Medical Journal.

SATURDAY, JANUARY 14th, 1860.

DIPHTHERIA AND THE EPIDEMIOLOGICAL SOCIETY.

Cousin has well said, that there is no error which has not some truth at the bottom. It may be as well and truly said, that there is no failure which has not an inkling of success. We have a recital to make in illustration of this assertion, and we solicit the careful attention of our readers to the story.

In January last, the Epidemiological Society appointed a Committee to collect information and report on the epidemic of diphtheria which has prevailed among us since 1857. In February, the Committee issued a carefully drawn up circular, asking aid from the members of the Society, and suggesting a method of reporting by which the labour would be much facilitated, and which would secure uniformity in arrangement of the information sought. Through the medium of the professional journals, the help of the profession at large was also asked for. On December 5th, after an interval of ten months, the Committee presented their Report to the Society. An abstract of this Report was given in the Journal for December 17, 1859; and from it we learn that, during the period referred to, the Committee had received only *thirteen* reports on the disease in accordance with the suggestions contained in their circular, and twenty-three general replies. The inquiry has, in fact, failed; the information furnished to the Committee not being sufficient to form the basis of a history of the epidemic.

We confess that we regard this result with pain, as one detracting somewhat from the credit of the profession. Since the outbreak of epidemic cholera in 1832, no epidemic affection has attracted so much general attention as diphtheria; none has laid so great a stress upon the resources of the profession. Moreover, at no time has so favourable an opportunity been offered for watching the rise and progress of an epidemic affection, and for determining doubtful points concerning the laws of epidemics; for, certainly, a very long period has elapsed since diphtheria was before epidemic in this country, if it has been ever epidemic here before. To all intents and purposes, diphtheria is for us a *new* epidemic. Its early history is even not yet ended, and the development and progress of the affection thus far have afforded us an opportunity for studying closely certain of the complex questions of epidemiology in the least complex form in which we shall probably ever witness them.

We had, therefore, hoped much from the labours of the Diphtheria Committee of the Epidemiological Society, particularly when we reflected upon the able men of which the Committee was composed, and that it depended chiefly for information upon the members of a Society especially devoted to epidemiological research. It becomes, then, an important question how it happens that an inquiry which, at the first sight, promised so fairly, should fail of success; that the members of a large Society, specifically associated for a given object, should have responded so meagrely to an inquiry of remarkable interest, instituted in reference to that object; that an appeal to the profession at large for help in a scientific inquiry should have been almost entirely unheeded. In the answer afforded to these queries by the results of the present inquiry, we believe the great value of the failure consists. The diphtheria quest is a failure in regard to its special object; a success in regard to the lesson which we are about to derive from it, and which teaches us an error of method that may ultimately lead to important results, if it be rightly appreciated.

We have had an opportunity of looking over the communications forwarded to the Diphtheria Committee, and in the majority of these we find either implied or frankly confessed the inability of the writer to give the information sought, simply because he had not noted the facts required, at the time of occurrence. The search of the Committee for *facts* rather than *opinions* was evidently a stumbling-block in the way of the inquiry. The explanation of this is not far to seek. In the first place, medical men are, generally speaking, trained practitioners in medicine, not trained scientific observers. This implies nothing derogatory to the profession, for methodic scientific observation is as much a matter of specific training as is the acquirement of any art or science. Again, amidst the hurry and bustle of an active practice, in which the treatment of disease is always the primary object, it is a hard task, even with a rigid and well thought out system, to record satisfactorily even the ordinary results of experience; but without such a system, any scientific recordation of facts is manifestly impossible. That the methodic observation involved in the systematic registration of facts is comparatively rare in the medical profession in active practice, is a natural result from the character of their duties, and we would add also of their preliminary training. They are taught to be good practitioners and good clinical observers, but not good scientific medical observers in the proper sense of the term. Hence it is that the anomaly exists of a very large proportion of those men who are brought most intimately into contact with disease, and have the best opportunities of tracing its etiology and development, doing little or nothing for the scientific advancement of medicine. Hence it is also that inquiries addressed indiscriminately to the members of the profession, or of any one of its societies, would in all probability fail in their object in the same manner as the Diphtheria inquiry of the Epidemiological Society has failed.

But is it a necessity that this state of things should be a permanent one? We believe not; and we think that a way is open before us, which in the end would render accessible the vast mass of information which at present lies fallow among the profession. If what we have said be conceded, it would follow that what is wanted to effect the result aimed at is not capability, not aptitude of observation—these, we have a firm belief, are to be found most abundantly in every branch of the profession—but *method of observation*. What is required is something directive, by which we could bring the facts and observations which constantly come under notice in every-day practice into scientific use, without interfering with the more immediately serious duties of that practice. This we believe may be brought about by the different medical societies. Now, they are chiefly the recipients of the results of individual experience and observation; let them become also active directive

agencies in medical inquiry. Let them from time to time issue memoranda suggestive of the direction of inquiry, and of the mode in which that inquiry should be conducted, upon subjects of interest as they arise, and more particularly upon such subjects as require for their elucidation the efforts of many and widely separated inquirers. This might be carried into effect by a committee of observation appointed in each society; the suggestions would in no wise affect the liberty of inquiry; they would simply form a guide; and we believe that they would gradually exert an important effect in moulding the profession into better habits of continued and concentrated observation.

The Diphtheria Committee of the Epidemiological Society, at the end of their report, as will be seen in the abstract, have noted certain points for further inquiry. The suggestions thus made are to some extent an illustration of the mode of action we advocate.

Let it be clearly understood, that we are now writing solely of a method of cultivating more widely systematic habits of observation. This method we believe would facilitate the researches of individual inquirers, would stimulate many to inquiry, and is some such mode of action requisite for the full success of combined inquiries among the profession.

We trust that no lack of moral courage will prevent the Council of the Epidemiological Society from publishing the Report of the Diphtheria Committee. The positive results of the inquiry may be meagre, but we do not doubt that they will prove, if given fully to the profession, of no small value in reference to subsequent inquiries, either with regard to the same disease or to other affections. In the meantime, we commend the suggestions of the Committee to the special attention of our readers.

BURIALS IN CHURCHES.

DR. LETHEBY is worthily emulating the late City Officer of Health, Mr. Simon, in the ability with which he is prosecuting the duties of his post. He has just issued a Report to the Common Council respecting the condition of the church-vaults and burial grounds, which will, without doubt, astonish City church-goers, and make them thankful that, in seeking spiritual guidance, their bodies have not succumbed. The picture he draws of the state of the vaults in the churches, at the time of his official inspection, is frightful. He says:

"All the city churches, seventy-one in number, have been carefully examined; and, whenever it has been practicable, we have made a personal inspection of the public vaults. The general results of our inquiries may be expressed in a few words—that every available space between the floorings of the churches has been used for ages as a repository of the dead; and it passes belief how large a quantity of putrefying matter has in this way been disposed of. Even now the vaults are in some cases gorged with corruption, and all along the aisles and porches of the sacred edifice are graves filled with human remains. In most instances, the only partition between the living and the dead is a thin slab of stone and a few inches of earth. These offer but a very imperfect barrier to the escape of noxious effluvia; and slowly, therefore, but incessantly, the gaseous products of decomposition are effused into the atmosphere of the church. But at the night services, or during the winter season, when the air is rarified by the warmth of the fires or burning gas, the rank vapours are drawn out in uncontrolled profusion. It is impossible to say what mischief has been done by this, and how many, while worshipping within the sanctuary, have breathed the atmosphere of corruption, and have sickened unto death."

Man, in the vain hope of preserving the corrupt body of the dead among the living—an idea possibly fostered by the undertakers—has devised the plan of encasing corpses in leaden shells carefully soldered down; but, as Dr. Letheby truly says, "the law of Nature is, that organic matter shall not be idle; it must ever circulate and be in motion. This no earthly power can stay." The effluvia after awhile burst their confinement; and the putrid gases are given off immediately under the feet of the congregation. Can any contrivance be better calculated than this to bring disease to the living? What but the other day obtained in the city churches, at the present moment obtains in thousands of the churches throughout the kingdom. Nothing is more common in country churches than to find the entrance to the family vault a rotten trap-door in the floor of the family pew, through the shrunken boards of which the reeking emanations of defunct humanity escape, to poison the partitioned and cushioned space above. It is really absurd to wage such war as we do against gulley-holes and sewers, whilst we thus deliberately plant the living within a few inches of the putrescent dead, in this manner. And why, we ask, is a rule to obtain in Westminster, which is pronounced to be so abominable in the City? Why pack the Abbey with illustrious dead, whilst Bow and Cripplegate churches are closed against refuse clay? The mortal remains of genius do not smell sweeter, neither are they less corrupt, than those of the well fed cit. Nevertheless, the grave opens from time to time to receive the illustrious of the earth in this great Christian Valhalla, without one word of remark from sanitarians, or one precaution taken to render these interments innocuous. We trust that ere long, if our great men must be interred in Poets' Corner, the same precautions as are at present taken with respect to city vaults—namely, bestrewing them plentifully with powdered charcoal—will be in all cases followed out. All that remains of even the great historian should not be allowed to remind us *merely* of his mortality. The precautions taken by Dr. Letheby in the city churches, of thoroughly ventilating the vaults by means of a pipe conducted to the roof, and the hermetically sealing of the pavement, are worthy of being adopted by those having the charge of public health throughout the country; and we trust the terrible picture he has drawn of the results of burying in churches will lead to the total abandonment of the practice. After all, it is but a paltry vanity to attempt to store our ancestors in places of worship, and to force our neighbours to remember them, not by their virtues whilst living, but by their foul and health-destroying emanations when dead.

THE WEEK.

Two more prosecutions of unregistered practitioners have recently taken place. In one instance, a Mr. John Storey was charged before the Manchester magistrates, on January 3rd, with designating himself a surgeon. It was urged in defence that he had had the word "surgeon" on his door for twenty years; and that the Medical Act did not say that no man should call himself a surgeon, but that no man should "falsely and wilfully" call himself a surgeon. The magistrates decided that the term surgeon implied registration under the Act, and convicted the defendant in a penalty of £10. The next case is one which has been instituted at the instance of the East Kent Medical Registration Committee of the South Eastern Branch, against a person named Charles Hovell. The father

of the defendant had for some years practised with no other title than that of having been a surgeon in the Royal Navy prior to 1815, first at Littlebourn near Canterbury, and, within the last fourteen years, in the latter city. The defendant appears to have never passed an examination, but to have first acted, though unqualified, in charge of a ship during a voyage; on his return from which he set himself up in the vicinity of Canterbury. The father of the defendant died in July last: and it was shewn that the son had since that time both retained the father's plate on his door, and signed his (the father's) name and title "late R.N.", to certificates of death. Two charges were brought: one of which was withdrawn, and in the other a penalty of £10 was inflicted.

The *Union Médicale* of January 7th contains part of the account of a public prosecution instituted in Paris against the notorious charlatan Vriès, the "Black Doctor". He was accused before the Correctional Tribunal of the Seine, on January 4th, of the following breaches of the law: 1. Of having, in 1857, 1858, and 1859, practised medicine without a diploma or *brevet*, at the same time taking the title of doctor of medicine; 2. Of having, at the same time, acted in contravention of the laws regarding pharmacy, by selling and charging for medicines without having a *pharmacien's* diploma; 3. Of having, at the same time, prepared and charged for substances not contained in the French *Codex*, and consequently having the character of secret remedies; 4. Of having, at the same time, by assuming the false title of doctor of medicine of the faculty of Leyden, and employing fraudulent means to persuade that he possessed an imaginary power, or to raise a hope in the occurrence of a chimera, caused sums of money to be remitted to him by various persons, thus swindling them of part of their property. He is described as a native of Surinam; his colour is rather that of a quadroon than of a mulatto. The public prosecutor, in giving an account of the prisoner's antecedents, said that he appeared to have come to Europe only because the reputation he had gained in different parts of the New World no longer permitted him to remain there. About two years before settling in Paris, he visited London, and set himself up as a public preacher against Romish idolatry, the Jesuits, the Pope, and Cardinal Wiseman. It is said also, that he attempted to raise donations and subscriptions for a marble temple for the service of a new religion, of which he was to be the chief priest; and he repeated the attempt in Paris in 1856. Leaving England with the reputation of a swindler, and settling in Paris, he gave out that he had come to substitute electro-magnetism for steam as a motive power. The account of his pretensions as a cancer-curer was gone into. Seventeen cases were collected in which he had pretended to effect a cure of the disease, without including those who had been placed under his care in the Charité hospital. In four instances, the sums of which he was charged with defrauding the patients, were respectively 10,660, 6,666, 7,666, and 3,000 *francs*. Among the witnesses called were Dr. Fauvel, who described what took place in the Hôpital de la Charité, and who declared that the defendant did not even know what a cancer was; also, the director of the School of Pharmacy and some apothecaries, who deposed that the substances which the accused had pretended were remedies from unknown plants, and to which he had given fantastic names, were simply alum, sulphate of potass, opium, etc. The evidence for the prosecution having been closed, numerous witnesses were called on behalf of the accused, and they declared that he had cured them of complaints more or less grave; one of them, a workwoman, who had been in the Hôpital de la Charité, even said that he had cured her of cancer. The further hearing of the case was adjourned.

THE LATE J. REYNOLDS BEDDOME, M.D.

Our obituary of last week recorded the death of Dr. J. R. Beddome at Romsey, on December 26th. He had been a member of our Association at its first formation; and we especially recur to his death, as he was a favourable type of the medical practitioner, whose sterling qualities during a long and laborious life, in a country town and neighbourhood, command at length the universal respect of his neighbours, and thus, in the right way, elevate our profession. His life was the common one. He worked diligently and successfully in the same place for forty years as a general practitioner, and then resigned the active part to his son-in-law, Mr. Taylor, and spent the other ten in that partial withdrawal from hard work which is often the most suitable and happiest kind of medical retirement. This enabled him also to devote much of his time to the public services of the town in which he lived, and of which he has been six times Mayor. He died after a short illness; and the local papers, in describing the gloom which his death cast upon the town, pronounce his best eulogy. "It is felt in the town that his loss is irreparable; and, from the highest to the lowest, all very deeply and sincerely mourn that he has been removed from among us." (*Hants Independent.*) His funeral was, as far as the general and uninvited attendance made it, a public one. Lord Palmerston, his neighbour, friend, and former patient, the Mayor and Corporation, and a great number of inhabitants, attended. "Such a testimony of public respect", says the same paper, "we never before witnessed to the memory of one of our townsmen; and from the Premier down to the peasant, all seemed to feel that they had bid farewell to an old and valued friend."

To those (and there are many such) who in gloomy moments look *down* at their own profession as not an elevated one, we would quote the effect of the death of Dr. Beddome, in the place where he was well known, as proving that there are no men with more real and deep and true influence for good in their own districts than such medical men. Two or three years ago, Mr. Salter of Poole died suddenly, after forty years practice there; and the effect was the same. His loss was felt to be a public one, and his funeral was attended by the whole town. And what is the secret of this influence? Diligent, self-denying, quiet work, for a long number of years, in alleviating illness, in a vocation which is second to none in usefulness; and in both cases amiability. Both were thoroughly good tempered, kind hearted gentlemen, who loved peace, and were happy in living on pleasant terms with their neighbours. And both were dissenters; but, from the catholicity of their nature, both were trusted and liked by churchmen. Indeed, one of the great causes of regret in Dr. Beddome's death was, that he was a link between Church and Dissent, thus uniting the two parties.

There are, of course, positions in medicine which do not give the necessary opportunities to those who are placed in them to advance it scientifically. Their time is fully occupied in applying to practice the discoveries of others. But there is no position in which the highest qualities of the mind—probity, truth, conscientiousness, unselfishness, love—may not be exercised; and these positions are often admirably qualified in this kind of discipline, which makes a character of the most useful and beneficial order, and the loss of which by death is felt by all classes to be a public one.

Association Intelligence.

LETTERS AND COMMUNICATIONS.

Letters or communications for the JOURNAL should be addressed to Dr. WYNTER, Coleherne Court, Old Brompton, S.W.

Letters regarding the business department of the JOURNAL, and corrected proofs, should be sent to 37, Great Queen Street, Lincoln's Inn Fields, W.C.

METROPOLITAN COUNTIES BRANCH.

THE JOURNAL.

AT a meeting of the Council of this Branch, held on Tuesday last, it was determined to summon a general meeting of the members of the Branch, for the purpose of taking into consideration the following propositions respecting the JOURNAL.

1. That the British Medical Association, having for its objects "the promotion of medical science and the maintenance of the honour and interests of the medical profession", cannot efficiently fulfil its mission without a weekly organ of its own.

2. That it is not only the duty but the interest of the Association, to maintain a JOURNAL having a high professional position and scientific character.

3. That this Branch would earnestly urge on the attention of the Council and Committee of Council of the Association, the propriety of devising and adopting such measures as shall place the BRITISH MEDICAL JOURNAL in that commanding professional and scientific position which should distinguish the representative of so important a body.

It was resolved—"That the foregoing propositions be published in the next number of the JOURNAL."

A. P. STEWART, M.D. } *Honorary*
ALEXANDER HENRY, M.D. } *Secretaries.*

Reports of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JANUARY 4TH, 1860.

EDWARD RIGBY, M.D., President, in the Chair.

THIS was the first annual meeting of the Society, and a large number of Fellows and visitors were present. Twelve gentlemen, who were proposed for the fellowship on December 7th last, were duly elected; and the names and qualifications of ten candidates for admission into the Society were read.

COMMUNICATIONS.

Encephaloid Tumour in an Infant. Mr. SPENCER WELLS exhibited the plaster cast of a child's head, with a large encephaloid tumour growing from the side of the face and neck. The case was interesting, as showing what a large mass might pass through the pelvis without injury. The child died a few days after birth. The mother was healthy, but the grandmother died of cancer of the uterus.

Intrauterine Tumour. Dr. J. HALL DAVIS communicated the history of a case of intrauterine fibro-plastic tumour, extensively adherent, removed by enucleation.

GENERAL BUSINESS.

Auditors' Report. After payment of all the expenses incurred by the Society up to the 31st of December, 1859, a balance remained in the treasurer's hands of £159: 9: 4. This report was received and adopted, and a vote of thanks to Dr. Tyler Smith, the treasurer, was carried unanimously.

Laws of the Society. Certain alterations and additions were submitted by the Council for consideration. The following were adopted:—(1.) Chap. I., Sect. III., to stand thus:—"III. All medical practitioners, registered or, if practising abroad, possessing a British qualification, shall be eligible for election as Fellows of the Society." (2.) Chap. VI., at the end of Sect. III., the following to be inserted:—"In the selection of members of Council to remain in office, a preference shall be given to those who have attended the largest number of meetings of the Council." (3.) Chap. XI., the following addition to be made:—"Sect. IV. That a committee of twelve referees shall be appointed by the Council annually, to examine any papers which the president may think ought to be referred to a committee previously to being read before the Society. The referees so appointed shall also examine all papers read before the Society, and report thereon to the Council, before their publication in the *Transactions*. If a paper be refused for reading or publication by one referee, it shall then be submitted to a second, and, in case of disagreement, to a third referee, whose decision shall be final. Any writer of a paper shall have a right to object to one or more names on the list of referees to whom he may not be willing to have his paper submitted."

Election of Officers for 1860. The result of the ballot was read, and the following gentlemen were declared elected:—*Honorary President:* Sir Charles Locock, Bart., M.D.—*President:* Edward Rigby, M.D.—*Vice-Presidents:* R. Barnes, M.D.; F. Elkington, M.D., Birmingham; A. B. Granville, M.D., F.R.S.; E. W. Murphy, M.D.; W. Tyler Smith, M.D.; R. Uvedale West, M.D.—*Treasurer:* W. Tyler Smith, M.D.—*Honorary Secretaries:* Graily Hewitt, M.D.; T. H. Tanner, M.D.—*Other Members of Council:* James Allen, Esq., York; Edward Batty, Esq., Liverpool; C. M. S. Babington, F.R.C.P.; W. Bloxam, M.D.; W. D. Chowner, M.D.; Joseph Cholmondeley, Esq.; Robert Dunn, Esq.; R. Druitt, M.R.C.P.; G. D. Gibb, M.D.; Robert Hardey, Esq., Hull; S. W. J. Merriman, M.D.; J. T. Musgrave, Esq.; H. Oldham, M.D.; W. O. Priestley, M.D.; C. H. F. Routh, M.D.; Samuel Smith, Esq., Leeds; J. G. Swayne, M.D., Bristol; J. Whitehead, M.D., Manchester.

ANNUAL ADDRESS.

Dr. RIGBY commenced by saying that it was with feelings of no ordinary gratification and pride that he looked back upon the year just passed. From the earliest announcement of the formation of the Obstetrical Society of London, success was a matter of certainty; but it was impossible to anticipate such a prosperous career as the Society had already run. In eleven months 350 gentlemen—not a few of them of the highest standing in the profession—had been elected Fellows; and to many of these the Society was indebted for some most valuable contributions, which in a few weeks would be in the hands of every member. These papers would constitute the first volume of *The Transactions of the Obstetrical Society of London.* The Council also had not been idle. An immense mass of work had been done in the way of drawing up the laws, and regulating the general affairs. Then a very important and carefully drawn-up memorial had been presented to the General Council of Medical Education and Registration, praying for a revision of the laws existing in the various examining bodies as respects the obstetric education of medical students. And lastly, a useful form had been drawn up by the Secretaries for the registration of midwifery cases. If each Fellow would use this form, statistical papers containing the most valuable information must in a few years accumulate, which one or two clear heads and willing hands could easily sift and rearrange, so that important points, now subjects of dispute, would be cleared up, and definitely settled.

Three Fellows who took a warm interest in the success of these meetings had died—viz., Dr. Lever, Mr. Squibb, and Dr. Griffith. One honorary Fellow, Dr. Montgomery, had also been removed.

The career of Dr. Lever afforded a striking instance of the success in professional life which may be achieved by indefatigable industry combined with moderate opportunities. He was born at Woolwich, where he served his apprenticeship to Mr. Butler. In due course he became a student at Guy's Hospital, at which time his physical strength was so great, that he walked daily from Woolwich to London and back. His close attention to his studies, moreover, attracted the favourable notice of the medical officers of the institution, and he gained many honourable distinctions at the annual competitive examinations. Having finished his hospital studies in 1834, and become a member of the College of Surgeons, he commenced general practice in the Borough, while residing in which locality he took an active part in organising the obstetrical department of Guy's Hospital. Shortly afterwards Dr. Lever obtained the degree of Doctor of Medicine in the University of Giessen; and in 1842 he was admitted a Licentiate of the Royal College of Physicians of London, and at the same time became a lecturer at the medical school of Guy's. The subsequent career of Dr. Lever is known to most medical men. His consultation practice was large, and he contributed to medical literature an important essay on the *Organic Diseases of the Uterus*, as well as

a series of papers to the *Guy's Hospital Reports*. Dr. Lever was in his usual state of health until within a short period of his death, and he was present at the inaugural meeting of the Obstetrical Society, which was held on the 16th of December, 1858. Shortly afterwards he was seized with symptoms of a very severe kind; pericarditis and anasarca both manifested themselves, and he died on the 29th of December, 1858.

Mr. Squibb's death occurred in January, 1859. This gentleman was born in the year 1797, and he commenced practice about the year 1822, in partnership with Dr. Lemann, of Orchard Street. The activity and cheerfulness of character, as well as the kindliness of heart which distinguished Mr. Squibb, soon made him a general favourite, and his partner retiring, he was able not only to keep the practice, but to considerably extend it. Amid the duties of a busy practice, the advance of science and the welfare of the profession were regarded with a lively interest. He afforded some contributions to the medical journals, and took an active part in the promotion of medical reform. Literature was made a relief to the more severe mental labour connected with his profession, and the result of it appeared in an essay relating to Dr. Johnson, communicated to the Royal Society of Literature. Till within a few weeks of his death enjoying the most robust health, it was difficult for him, when overtaken by disease, to lay aside his accustomed activity, and take that rest which his symptoms required. He resumed his duties while unfitted for exertion, and he soon experienced a relapse, which proved fatal.

The name of Samuel Griffith was first enrolled on the list of students of King's College, London, in 1843. His assiduity in the dissecting-room, laboratory, and wards of the hospital soon procured for him the friendship of the professors, and led to his being appointed house-physician to King's College Hospital after he had obtained his diplomas. His great exertions at this time and subsequently were incompatible with even his robust health and vigorous frame, and doubtless now were made the first inroads upon a sound constitution. At the completion of his hospital career, he took the degree of M.B. at the University of London, and became a member of the College of Physicians; and, having been appointed assistant-accoucheur to St. Thomas's Hospital, as well as physician to the Royal Maternity Charity, he went to reside in the Borough. His labour was now excessive and uninterrupted, and continued so until the winter of 1857, when his overtaxed strength began to fail. On consulting Dr. Todd, it was found that one of his lungs was affected, and he was advised to desist from practice, and to visit Torquay. He remained in that town for two months, when he returned to London, and resumed practice as earnestly as before. In the following October he was seized with a severe attack of hæmoptysis, and again he went into Devonshire. In a few months, his health being recruited, he again came to town, his hopes of the future being bright, notwithstanding the rude shocks his private practice had received, it rapidly increased. The improvement was, however, but temporary; severe hæmoptysis returned, and though able to make the journey to Torquay, yet great weakness set in, and ended in death on the 23rd of June, 1859. Thus lived and died one who was respected and loved by all who knew him. A heartiness of character, a desire to please and to oblige, a firmness and integrity of purpose, a love of truth, and the possession of sterling moral and religious principles, brought him numerous friends, and made him beloved in life, and regretted in death.

The death of one of the most distinguished honorary Fellows of the Society, Dr. Montgomery, of Dublin, took place last month. This gentleman, whose name is known and honoured wherever midwifery is practised, can have but little added to his fame by any remarks now; for his contributions to medical literature are known to every student. Dr. Montgomery was sixty-two years of age, and he died rather unexpectedly, though he had for some time suffered from excruciating pains in the chest, and other symptoms of cardiac disease.

In closing his address, Dr. Rigby alluded in feeling terms to the kindness which had been shown to him by the Fellows of the Society at the different evening meetings; to the exertions of the Council, and the Treasurer, Dr. Tyler Smith; as well as to the assiduity of the Secretaries, Dr. Grailly Hewitt and Dr. Tanner. "Long then," he said, "may the Obstetrical Society of London live and flourish, and may each succeeding year bring fresh strength and honour to it.

A vote of thanks to the author of the address was proposed by Dr. Granville; it was carried by acclamation. The meeting then adjourned until the 1st of February.

MEDICAL SOCIETY OF LONDON.

Monday, January 10th, 1860.

John Hilton, Esq., F.R.S., President, in the Chair.

THE GREAT IMPORTANCE OF EARLY DIAGNOSIS AND TREATMENT FOR STONE IN THE BLADDER.

BY HENRY THOMPSON, ESQ., F.R.C.S., M.B.

Mr. Thompson commenced by laying down as a principle that, grave beyond all question as is the situation of the adult patient with a calculus of considerable size in his bladder, it is a fact well and deeply to be considered, that it must be regarded, within certain limits, as a result which, by the exercise of a moderate amount of intelligence and care, might be rendered extremely rare. It is so, because its presence in the early stage may almost always be ascertained, and because its destruction in that stage is safe and easy. The first indication—viz., to prevent the formation of a stone of moderate or average size—is ensured by an intelligent appreciation of the early signs which it produces; that is, by a diagnosis of its existence while yet quite small. The second indication may generally be fulfilled by crushing it in that stage.

The author then read the details of four cases of calculi detected and crushed by him in the early stage, and showed the *débris* obtained from each. The sizes varied between those of a bean and a nut; and the success in each was complete. One was that of a night porter at Pickford's, from whom an oxalate of lime calculus, the size of a nut, was removed by three crushings. He was treated as an out-patient of University College Hospital, and returned to his usual work on the fifteenth night from the first crushing.

The occasional occurrence of small calculi in connexion with stricture of the urethra was next remarked upon, and the necessity for seeking their presence enforced, when symptoms continued after the stricture had been dilated. Six or seven examples were exhibited of small calculi coming away, or being removed, under these circumstances.

The practice of cutting children for exceedingly small calculi was regarded as undesirable; and a small lithotrite was exhibited, suitable for children at two and three years old, which, by simple pressure from the hand, would crush any calculus of small size—that is, of the size of a pea and under. Above that size, the operation of lithotomy was regarded as preferable, since the expulsion of any but small fragments is attended with much difficulty in the child, while the cutting operation was usually successful. A case was read.

The early signs of stone were next discussed; the importance of examining urinary deposits by the microscope was insisted on, especially for the presence of blood in minute quantity, when signs of urinary derangement were present, as especially significant of the presence of calculus.

The mode of sounding, and the form of the sound, were matters of great importance in seeking small stones. It was necessary to use a sound with a very small and short curved beak, which could be rotated within the bladder, so as to explore every part of it, especially of the lower portion. It should also be hollow, so that water could be injected, or could flow either inwards or outwards. The bladder could then be sounded in every degree of distension between full and empty.

The author concluded by expressing his firm belief that the early diagnosis of calculus might, in the great majority of cases, be made, if suspicious symptoms were more sedulously observed when they first arise, and the necessary examination made, when simple means had failed to dispel them. It might be safely affirmed, that there were very few patients indeed who did not seek professional aid against the troubles arising in the early stage. Granting this, and the certainty and safety of lithotrity for the removal of small calculi (which was now universally admitted), the following deduction must be a legitimate one: That stone in the bladder, one of the direst of human maladies, and in the removal of which one of the most severe and fatal operations is still most commonly performed, may, through the exercise of ordinary intelligence and skill, be deprived of nearly all its severity and danger to life. This, if true, was important, and demanded the consideration of all who met with cases, which at one time or another fell to the lot of every practitioner, in which signs arise indicating the possible existence of calculus in the bladder.

Sir James Murray said that, nearly a quarter of a century ago, the Society had voted him thanks for improvements which he had endeavoured to bring forward for the prevention and removal of the pain produced by calculi. He had laid before the

Society a method of arresting them in their origin; and, although the author had not alluded to medical treatment, he must say that he had been endeavouring to perfect a means of preventing the formation of concretions in the body. The medicine he had recommended was magnesia in the fluid form. He animadverted on the ordinary custom of giving magnesia in the solid form. By giving it in a liquid form, the acids in the stomach were neutralised, and the rest passes off in a liquid state. The magnesia was of value also in preventing the absorption of uric acid and similar morbific agents into the circulation. The solution of magnesia with an excess of carbonic acid had also the property of dissolving phosphates. He had injected the fluid in this condition into the bladder, in cases of phosphatic calculi, with good effect.

Mr. GAY thought there could be no doubt of the importance and correctness of Mr. Thompson's views. He would, however, ask a question as to the propriety of operating in feeble strumous children, whose health seemed incapable of being improved sufficiently for operation. In cutting such children, there was danger of a permanent fistulous opening remaining. He would ask whether the objection to lithotrity in children, which Mr. Thompson entertained, would not be set aside in such cases? As to the detection of mucus, and blood, and pus, in the urine, he would ask how Mr. Thompson would distinguish mucus and pus-globules by the microscope; and what was the real importance of these indications? He had in his possession a large stone, which had been removed from a body after death, and which had given no indications of its presence during life.

Mr. THOMPSON thought the time and trouble consumed in lithotrity in children would keep up the irritation. This coincided with Parisian experience; and in France lithotrity was reserved for a limited class of cases in children. From the form of the child's bladder, and smallness of the urethra, the small fragments were forced into the latter canal, and produced great irritation. He thought the median operation might produce less liability to the occurrence of a fistulous opening. The mere presence of pus in the urine was of little importance; any slight irritation produced it. But the presence of blood-corpuscles, especially with a persistent deposit, was very suspicious, and would justify pertinacity in sounding again and again in search of a stone—other kidney-disease being excluded.

The PRESIDENT thought that all that Mr. Thompson had said with regard to the importance of the early detection of stone would be generally admitted; but persons often let stone go on to a large size. He thought that largish stones might frequently be removed by dilatation of the bladder. He had never performed the median operation himself, but had seen it in the practice of his colleague Mr. Cock. In some of the cases, rather troublesome hæmorrhage had occurred. He thought that, although the persistence of certain conditions of the urine might justly give rise to suspicion, yet possibly the repetition of sounding might produce a state of the bladder favouring the formation of calculus.

Editor's Letter Box.

THE OBLIGATION OF PROFESSIONAL MEN TO SECRESY.

LETTER FROM JOHN O'BRYEN, M.D.

SIR,—In your number of December 24th, in commenting on the Rev. Mr. Bonwell's case, you state that you question the right of a medical man to keep secret any matter touching his patient, *when the ends of justice demand otherwise;* and you endeavoured to strengthen your position by asserting that a Catholic priest cannot maintain secresy in such a case.

Permit me to set you and the readers of the BRITISH MEDICAL JOURNAL right in the latter case. It is the duty of the Catholic priest to maintain the secresy of the confessional *under all and every imaginable* circumstance. He is bound to submit to any penalty, even his own death, rather than divulge what he learned in confession; and cases are not wanting where the priest has willingly done so; and it is a very remarkable fact that we have not an instance in history where this secresy was broken. To the honour of the medical profession in France, I well remember that the government of Louis Philippe, after a bloody fight with the citizens of Lyons or Paris (I forget which), ordered all the medical men of the city to make a return of the wounded under their care, that the opponents of the government might be known and punished. To their credit, they preferred to risk displeasure and penalty to denouncing their patients. Here, then, is a case of noble adherence to duty when threatened by a powerful government; and, although the ends of justice demanded compliance, yet the confidence of the patient in his medical attendant was not betrayed, and medical honour triumphed.

I must confess I was rather astonished to see the opposite line of conduct advocated by you. I cannot conceive any circumstances that would justify a medical man (without the consent of his patient) in divulging any matter he learned in that capacity, to the prejudice of his patient. It has always appeared to me that the medical profession were equally bound as the Catholic priest to secresy. If I am not mistaken, the oath taken by every French graduate in medicine binds him never to divulge, to the injury of his patient, what he professionally learned from him. The words, "ends of justice", will bear so many constructions, that I trust, for the honour of my profession, that the reply of Dr. Godfrey in this particular will ever continue to be the rule to guide the profession:—"Whatever passed between us was confided to me in my professional capacity, and I am not bound to divulge." He should have said, "*And I will not divulge.*" I am, etc.,

JOHN O'BRYEN.

93, Shaw Street, Liverpool, January 3rd, 1860.

THE VALUE OF LOCAL BLOOD-LETTING.

LETTER FROM C. H. JONES, M.B., F.R.S.

SIR,—Allow me to reply briefly to the strictures of my friend and colleague on my view of the *modus operandi* of local blood-letting in inflamed states of internal viscera.

1. Dr. Markham doubts the efficacy of such local depletion as I have referred to, and thinks it may be referred to the action of other remedies. Let me refer him to Case x, p. 224, of Mr. Parker's excellent work *On the Stomach in its Morbid States.* This case is briefly one of subacute gastric inflammation, with pneumonic symptoms. The patient was freely bled from the arm (blood buffed), but without relief. Leeches were then applied to the epigastrium, and the diet restricted to the smallest quantities of cold gruel. The local depletion was continued for a few days, and the abstinence; but no medicines were given (as Mr. Parker believes). The first application of leeches to the epigastrium benefited both the pectoral and gastric affection; "and this was the sole remedy that was afterwards employed". Case XI is one of the same kind. Leeching to the *epigastrium* gave more relief than venesection or leeches to the *chest.* There are several other instances recorded which, without being experiments made for the express purpose of proving the point, seem to me to afford evidence that it would be unreasonable to doubt.

2. Dr. Markham says these local abstractions of blood in the cases referred to very often fail to give the relief expected from them. Alas! is not this true of all remedial means?

3. Dr. Markham thinks that relief obtained in this way is never so certain and undoubted as when there is a direct vascular communication between the skin and the inflamed part beneath. This is a matter of observation, and I must say my experience does not accord with his. In the case of a man suffering from well marked typhlitis, the iliac region being intolerant of pressure and swollen, six leeches gave relief almost at once; and, under the use of calomel and opium, all tenderness and swelling was gone in three days. To my own mind, there is not a surer card than leeching the epigastrium in cases of sthenic gastric catarrh. Dr. Johnson speaks in high terms of cupping on the loins in cases of uræmic poisoning with extreme vascular engorgement of the kidneys. "A single operation is often followed by a relief of the pain in the back, a speedy increase in the quantity of urine, and a subsidence of all dangerous cerebral symptoms." In both cases referred to, the relief seems to have been too speedy to be attributable to other remedies.

4. Dr. Markham thinks that local bleeding is of service in some cases, because it relieves the inflammation of the parietal layer of the serous membrane facing the inflamed organ. I suppose he admits that the inflammation of the internal organ is the primary affection, and that it sets up the inflammation of the opposed serous layer. Now, if the leeching does not relieve the internal organ, surely the outside inflammation must be speedily produced again. I must think that the explanation of the benefit obtained by leeching in pericarditis is rather

partial; and the same, I think, applies still more to the view of the adhesions. Surely, in the cases of acute inflammation for which we leech, no vascularisation of adhesions can have taken place; this process, coincident with the absorption of the lymph, belongs altogether to a later date. The opinion of Dr. Struthers, to which you have kindly referred us, seems to me inconsistent with the fact above related, of local leeching proving successful after venesection had failed.

In conclusion, I can only say that I feel indebted both to Dr. Markham and T. H. for the discussions to which their communications have given rise. It is by such sifting and testing of our knowledge that we get rid of error, and come to clearer apprehension of truth. I am, etc.,

C. Handfield Jones.

London, January 1860.

PHYSIOLOGICAL ACTION OF DIGITALIS.

Sir,—Permit me, through the medium of your pages, to thank Dr. H. Jones for his courteous reply to my note, and to assure him that I shall not fail at the earliest opportunity to examine the papers relating to the medicinal properties of digitalis, to which he refers in your number for December 31st.

My attention having been turned to the subject, it has occurred to me that, many years ago, I frequently saw the tincture of digitalis, with nitrate of potash and infusion of roses, prescribed in threatened miscarriages with sanguineous discharge, and hæmorrhagic pulse; but I must confess that, in my ignorance, I then thought it was simply given for pretty much the same reason that one prescribes tartarised antimony in inflamed testicle; namely, to diminish the impetus with which the vessels of the part are injected.

To one patient, a young female, who had lost much blood from a wound in the foot, and in whom a very loud anæmic murmur, with characteristic pulse, was presented,—I remember seeing powdered digitalis given, combined with compound galbanum pill—a form in which, on account of the insolubility and tenacity of the galbanum, it must be admitted that the digitalis had not a fair trial. At the end of three or four days, there was not the slightest improvement, and the patient had afterwards to attribute her recovery to beef-steaks, with a liberal allowance of London stout.

In a similar case, that of a middle aged man, who had lost a large quantity of blood from an attack of hæmatemesis, and in whom also an anæmic murmur, but not nearly so loud as in the former patient, with rapid pulse, was present,—digitalis with a low diet, as might have been predicated, failed altogether to mitigate the symptoms; and a dietary, somewhat less generous than that enjoined in the former case, was attended with a like result. I am, etc., T. H.

Cambridgeshire, January 1860.

THE ROYAL COLLEGE OF SURGEONS AND BLACK SHEEP.

Sir,—A letter appeared in the British Medical Journal, a week or two back, on the subject of the College of Surgeons admitting men to their examining tables who were ill calculated to support the dignity or even respectability of the profession.

It must be a most difficult thing to draw the line; and yet it becomes a question if the College are disposed to ignore the immediate antecedents of any candidate for their diploma.

A short time since, a connexion of my own (in consequence of ill health) petitioned the College to allow him to present himself for examination rather earlier than their curriculum of study would otherwise have allowed. This student was able to produce first class testimonials; and his request was most graciously complied with. Here, then, *good character* had an influence on the decision of the Council.

I am sorry to say that, since the passing of the new Medical Act, certain quacks have made vigorous efforts to gain admittance into our ranks—not intending to relinquish their empirical practices, but simply ambitious to "stand amongst us, though not of us". At the present time, in my own immediate vicinity, I am subject to the periodical visitations of a man reared in a hotbed of quackery. It seems to have entered his bone and marrow. His father was a charlatan; his brothers are itinerant charlatans (against whom a prosecution has recently taken place); and he himself is a man who is a vilifier of the profession generally, and whose associates are of the lowest class in morals. Yet am I led to believe that he is shortly to be a visitor at Lincoln's Inn Fields, preparatory to his taking up a permanent residence amongst us.

Surely it is the duty of the College to demand something like moderate proof of the character and respectability of the candidates for their diploma; and, whilst they guard against being swayed by vindictive or malicious representations on the one hand, yet I hope, on the other, they are jealous for the honour of the profession, and would warn away an impudent charlatan with the rebuke—

"Thou wear a lion's hide!—doff it for shame,
And hang a calf's skin on those recreant limbs."

I am, etc., M.R.C.S., L.S.A.,
And a Member of the British Medical Association.

January 1860.

VACCINATION.

Sir,—You have recently noticed the subject of vaccination in your leading articles; and through you I should like to ask the opinion of my brother vaccinators on a point connected with the subject, and affecting the professional etiquette.

Formerly, I was disposed to think that the holder of the district registrarship ought, in every case, to be a *professional* person. I have, however, noticed some exceptional cases, which make me waver in that opinion.

If my memory is not treacherous, some little time ago we heard of a medical registrar commenting to the persons bringing certificates of death, and professing never to have lost a case in the disease in question. I hope this is merely a dream of my own imagination; if so, so much the better. Now, I am coming to fact, in the matter of vaccination.

I state a case for the opinion of my fellow-vaccinators.

A has a district No. 1 of a Union. B has district No. 3, while he is the registrar for districts No. 1 to 4 inclusive. A attends a respectable person in her confinement in B's district No. 3. On taking leave, he reminds her that the babe must be vaccinated, telling her at the same time that she can have the operation performed gratuitously by B, at his appointed place of vaccination, or that he (A) is willing to perform it, only, in that case, she will have to pay a fee. Her reply is, that Mr. B, the registrar, has already been to register the child, and has offered to come *to her house* to do it, and so save her the trouble of going down a mile or so. Of course, this "extreme kindness" and so forth tells in favour of B, and if he calls again to see the infant, he has perhaps been as often at the patient's house as A; with a little soft palaver, the patient is won over, and A is astonished to hear that B attended her in her second confinement.

I should like to hear the opinion of my brethren on this matter. The law provides that the infant *shall be brought to the public vaccinator;* there is, therefore, no excuse for such actions.

My own plan, when I do attend a patient in another surgeon's district, is always to charge for vaccination, stating always that it can be done gratuitously.

I am, etc., A Public Vaccinator.

January, 1860.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

** In these lists, an asterisk is prefixed to the names of Members of the Association.*

BIRTHS.

Of sons, the wives of—

Anderson, John, M.D., Old Kent Road, on Dec. 28, 1859.
Carte, J. E., M.B., Surgeon 14th Regt., in Dublin, on Jan. 1.
Pinniger, B., Esq., Ryde, Isle of Wight, on Jan. 3.
Times, H. G., Esq., Surgeon, Thayer Street, W., on Jan. 10.

Of daughters, the wives of—

Campbell, John, M.D., R.N., at Lewes, on Jan. 3.
Littlejohn, H. D., M.D., in Edinburgh, on Jan. 7.
Parsons, W. D., Esq., Surgeon, Liverpool, on Jan. 3.
Sercombe, E., Esq., Surgeon, Brook Street, W., on Jan. 3.
Watts, Wm. H., Esq., Surgeon, 5, Baker Street, W., on Jan. 7.

MARRIAGES.

Barclay, the Rev. H. A., M.A., to Lucinda C., eldest daughter of *H. J. Macy, Esq., Surgeon, West Town, near Bristol, on January 5th.

HOLLAND, Joseph, Esq., Surgeon, Prestwich, Manchester, to Lizzie, youngest daughter of John JAMES, Esq., of Walsall, on January 3rd.

IMAGE, the Rev. John, M.A., to Sarah B., second daughter of •John LAWRENCE, Esq., of Brighton, on January 3rd.

SANDLAND, Henry, Esq., of Lyons, to Sarah Ann, eldest daughter of George FURBER, Esq., Surgeon, of Melville Terrace, at St. Pancras, on January 8th.

SMART, Wm. R. E., M.D., K.L.H., Deputy Inspector-General of Hospitals and Fleets, to Emily, youngest daughter of James ADAMS, Esq., of Stockwell, at North Brixton, on January 5th.

TAIT, Greville, Esq., Medical Staff Rifle Depôt Battalion, Winchester, to Antoniette R., youngest daughter of the Rev. A. S. ATCHESON, rector of Teigh, Rutland, on Jan. 4th.

DEATHS.

ALLINSON, Edward D., Esq., Staff-Surgeon, at Dharwar, Bombay, aged 33, on December 3rd, 1859.

BORLAND, Archibald, M.D., at Newington Place, aged 63, on January 4th.

DONNELLAN, John, M.D., in Paris, on Dec. 12th, 1859.

GILLUM, R., M.D., at Clifton, aged 90, on January 4th.

GRIFFITH. On January 8th, at 39, Oakley Square, N.W., aged 3, Catherine J., only daughter of E. Griffith, Esq., Surgeon.

MORRIS, J. P., M.D., on board the *La Plata*, on Dec. 23, 1859.

MOYLE, John G., Esq., Surgeon, at Blomfield Terrace, W., on January 3rd.

OLIVER. On January 3rd, at St. John's Wood, Fanny, widow of the late J. W. Oliver, Esq., Surgeon, of Stilton.

SAUNDERS. On December 25th, at 4, Dorset Square, aged one day, Henry; and on January 5th, aged 12 days, Lionel George, infant children of G. Saunders, Esq., Surgeon Bengal Army.

WELCH. On January 8th, at Dawlish, Mary, wife of J. G. Welch, M.D.

APPOINTMENTS.

•LEONARD, C., Esq., Surgeon to the Bristol Royal Infirmary.

JOHN HUNTER'S MANUSCRIPTS.

THE recent numbers of the *Lancet* contain matter which will be read with interest by the admirers of John Hunter. In its number of December 31st, our contemporary gives publicity to a charge insinuated against Professor Owen, of having, while Hunterian Professor, and during the printing of the *Catalogue of Fossils*, kept out of sight a valuable manuscript on geology by the illustrious surgeon and physiologist. The paragraph, from the Preface by the Council of the College, implying or insinuating the above charge, is as follows:—"This manuscript, on which Mr. Hunter had bestowed so much thought and labour to within a short time of his death, revising and correcting it from time to time, was not prefixed, as he had intended, to the catalogue of his Collection of Fossils, and is neither mentioned nor alluded to in either of the three volumes of the *Descriptive Catalogue of the Fossil Organic Remains* in the College Museum, published respectively in 1845, 1854, and 1856. It is greatly to be regretted that it was not brought under the notice either of the Museum Committee or of the Council of the College. The attention of the Council was, however, unexpectedly drawn to it in 1856, when it was read from the chair by the then Hunterian Professor."

In reply, Professor Owen has published the following letter in the *Lancet* of Saturday last:—

SIR,—In reference to the paragraph in your last number relating to the work published by the Council of the Royal College of Surgeons of England, entitled "Observations and Reflections on Geology," by John Hunter, F.R.S., 4to, 1859, I must admit your remarks to be fairly deduced from the allegations in the "Preface" which you have quoted. I have been engaged, since the perusal of that Preface, in searching for documents demonstrative of the true dates of some of the transactions therein referred to by the Council; which search, owing to the length of time that has been suffered to elapse before the publication of the charge, now for the first time preferred against me by the Council of the College, has been attended by much difficulty and some delay. But, if your readers will suspend their judgment for a short period, I shall be able fully to vindicate my character from the stain attempted by the Council to be cast on it. Meanwhile, I request the favour of insertion, in your next number, of the following statement respecting the Hunterian MS.—the subject of the above volume,—in which I shall confine myself to facts which it may be in the power of any fellow or member of the College to verify.

In the minute book of the "Committee or Board of Curators," under date of April 2nd, 1839, is the following:—

"Mr. Clift laid before the committee, presented to the museum by Capt. Sir Everard Home, Bart., the manuscript of the first part of Mr. Hunter's Introduction to the Catalogue of his Collection of Extraneous Fossils, containing many of Mr. Hunter's corrections of the manuscript."

This minute was duly read in Council, and the "Minutes of Council" record the vote of thanks to the donor.

Thus was the manuscript in question brought under the notice of both the Museum Committee and of the Council of the College.

Being occupied with the third and concluding volume of the Catalogue of the Fossils in the winter of 1854-55, I studied with care this Hunterian manuscript, and made it the subject of three lectures delivered by me, in the theatre of the College, on the 6th, 8th, and 10th of March, 1855. I enclose a copy of the "Synopsis" of that Course of Lectures, published by the Council, and distributed by their order at the College. The subjects of the "Introductory Lectures" are therein defined as follows:—

"General view of the classes of organic remains, as illustrated by the Hunterian Collection. Steps made by HUNTER in quest of a knowledge of their nature. Ideas thereby gained of the changes and operations in the earth's crust during the imbedding and petrifaction of those organic remains. Relations of Hunter's ideas on these subjects to those previously and subsequently entertained in geology, or on the structure and changes of the earth's surface."

Some of your readers may have retained a copy of this synopsis. Thus was the Hunterian manuscript on Fossils a second time, in 1855, publicly and emphatically brought by me under the notice of the President and Council of the College. My study of that manuscript had chiefly reference, however to its appearance, with proper explanatory annotations in the General Preface to the Catalogue of Fossils, in which, as in that appended to the final volume of the "Physiological Catalogue," ought to have appeared a summary of all that Hunter had left on the subject. I quitted the service of the College early in the year 1856, leaving to my friend, Professor Morris, the completion of the description of the residuary fossil shells, corals, etc. Any Fellow or Member of the College who may apply to the Secretary, will doubtless be permitted to see the above-cited "minutes," and also the "minute" and the "date" of the approval by the Council of the "Advertisement" to the final volume of the Catalogue of Fossils, and the date of its issue by the College in 1856. It was with regret that I saw the erroneous and inadequate notice of the share which had been assigned to, and contributed by me, in the preparation of the Catalogue of the Hunterian and Collegiate Fossil Remains, in the preface to the concluding volume; but it was with still greater regret and surprise that I found no insertion, nor any notice, of the Hunterian manuscript, introductory to his Catalogue of Fossils, the nature and value of which had been brought under the notice of the Council more than a year before.

To the solution of your question, "Why the delay of so many years in giving that document to the world?" I am, at present, able only to contribute the following facts:—

Mr. Clift, at the period when he was left in charge of Hunter's Museum and manuscripts, from the years 1793 to 1799, made copies of the latter. In his examination before the Committee on Medical Education, of 1834, he says, in reply to Mr. Warburton's question, No. 5389, "Had you made any extracts from the manuscripts?" *Ans.* "I was not restricted in the least; and thinking there was a great deal of useful information in them, I made large extracts from some of them." 5390. "What proportion of the papers have you been instrumental in preserving, in substance, by means of these extracts?" *Ans.* "I hope nearly half."

Mr. Clift's chief occupation, after his retirement from the College, was the perusal, revision, and addition of notes to these his transcripts from the Hunterian manuscripts burnt by Home in 1825. Shortly before his decease, he confided to me the whole, in two thick volumes. I made transcripts of them, and have since devoted much of my leisure time to arranging and preparing them for the press. When I left the service of the College, I presented the two volumes of Mr. Clift's transcripts to the library of the College, for safety and for reference.

Having, in the present year, arrived at nearly the completion for publication of the first volume, including the papers on "Natural History," I sent a request to the President and Council of the College of Surgeons, to which I received the following reply:—

"Royal College of Surgeons, London, W.C.
"11th day of November, 1859.

"SIR,—In reply to your application to be allowed to have a copy made of the Hunterian manuscript on Geology for publication in a volume you are preparing for the press, which will include a selection from other Hunterian manuscripts copied by Mr. Clift from the originals, before they passed into the hands of Sir Everard Home, I am desired to acquaint you that the question of the publication by this College of the said paper, together with the other unpublished Hunterian manuscripts, is under consideration, and that the Council does not consider it advisable, pending such consideration, that the paper on Geology should be published in the manner you propose. "I am, Sir, your most obedient servant,

"EDMUND BELFOUR, Sec."

"To Professor Owen."

On the 23rd of December, 1859, copies of the quarto volume, containing the manuscript in question, and the reasons assigned by the Council for its non-publication until that date, based upon their charge against me, on which you have fairly animadverted, were received by the College from their printer, and have been distributed.

I am, Sir, your obedient servant,

RICHARD OWEN.

Sheen Lodge, Richmond Park, Dec. 31st, 1859.

PATHOLOGICAL SOCIETY OF LONDON. A full meeting of the above society was held at 53 Berners Street, on Tuesday evening, January 3rd, 1860, for the transaction of the annual business of the society. W. Fergusson, Esq., F.R.S., in the Chair. The ballot commenced at eight o'clock, and the following gentlemen were declared duly elected as the society's officers for the ensuing year. *President*—W. Fergusson, Esq., F.R.S. *Vice-Presidents*—J. M. Arnott, Esq., F.R.S.; G. H. Barlow, M.D.; John Birkett, Esq.; G. Busk, Esq., F.R.S.; James Dixon, Esq.; A. Shaw, Esq.; T. Watson, M.D., F.R.S.; C. J. B. Williams, M.D., F.R.S. *Treasurer*—Richard Quain, M.D. *Council*—T. Ballard, Esq.; A. W. Barclay, M.D.; J. H. Browne, M.D.; W. D. Chowne, M.D.; W. White Cooper, Esq.; T. B. Curling, Esq., F.R.S.; J. G. Forbes, Esq.; Mitchell Henry, Esq.; Jabez Hogg, Esq.; J. C. Langmore, Esq.; H. Lee, Esq.; W. O. Markham, M.D.; C. Murchison, M.D.; T. B. Peacock, M.D.; J. J. Purnell, Esq.; H. Hyde Salter, M.D., F.R.S.; E. C. Seaton, M.D.; R. H. Semple, M.D.; R. B. Todd, M.D., F.R.S.; S. Wilks, M.D. *Honorary Secretaries*—John W. Ogle, M.D.; Henry Thompson, Esq. The annual report was read by one of the Secretaries, Mr. Henry Thompson, from which it was gratifying to learn the prosperous condition of the society, which numbers more members, and possesses larger resources than at any previous time in its history. The present number of members is 364; and no less than 37 have joined during the past year. The receipts have amounted during the same time to £375:5:8, and the expenditure to £299:10:6, leaving a balance on this year's account in the Society's favour of £75:15:2. The volume is issued, and the demand for it among non-subscribers was held to be substantial evidence of the value of the society's labour, and of the estimation in which it is held by the profession. The reception and adoption of the report was moved by Mr. Curling, and seconded by Dr. Harley. The thanks of the meeting were moved by Dr. Armitage, and seconded by Mr. Hulke, to the retiring officers of the Council for their services to the society. The ordinary business of the society then commenced.

LONDON MEDICAL REGISTRATION ASSOCIATION. A meeting of the Committee was held at 5, Charing-cross, on Friday, January 6th. Mr. Fergusson, F.R.S., President of the Association, took the chair. The Report of the Vigilance Committee, in reference to their proceedings during the month of December last, stated that it had been recommended to the Devonport Medical Registration Association, from which a complaint had been received relative to the registration of an individual who was possessed only of an Erlangen degree, granted *in absentiâ*, to send a strong protest to the Medical Council against the exercise of the discretionary power which permitted the name of a person no further qualified to appear upon the Medical Register. Numerous communications relative to the practice of unqualified persons, and the steps taken with the view of putting a stop to the same, were reported on by the Vigilance Committee, and others came under the immediate cognizance of the Committee then sitting. Upon the question of the conduct of the Council of the Royal College of Surgeons as to the admission of Messrs. Horton and Meredith as members being brought under notice, it was moved, seconded, and carried, "That the recommendation of the Vigilance Committee, to the effect that a communication on the subject from this body be made to the Medical Council, be acted upon." The Vigilance Committee had recommended that a remonstrance should be forwarded to the President of the Medical Council by the President of the London Medical Registration Association, calling attention to the course pursued by the Council of the College of Surgeons, also to Clauses 20 and 21 of the new Medical Act, and to the injury which would be inflicted by a continuance of such procedures as those which the College Council had adopted. Resolutions providing for the drawing up of this remonstrance were passed, and the President, Mr. Fergusson, announced that he should feel it to be his duty, if called upon, as the chief officer of the Association, to sign and forward to the President of the Medical Council the document in question. A letter was read from the Hull Medical Registration Association, enclosing a subscription to the funds of the central body; and some other communications of a confidential nature were considered, after which the meeting terminated.

EDINBURGH UNIVERSITY RIFLE CORPS. At a meeting of the members of the Edinburgh University Rifle Corps, held last Saturday, Professor Christison was chosen captain of the second company.

MEDICAL STUDENTS FROM MADAGASCAR. Three young men, natives of the capital of Madagascar, have recently arrived in France, having been sent by Prince Bakoton, eldest son of the Queen, and heir to the throne, to study medicine in Paris.

ACADEMY OF SCIENCES IN PARIS. At the meeting of the Academy, on December 26th, M. Chasles, Vice-President for the past year, succeeded to the presidential chair; and M. Milne-Edwards, the celebrated zoologist, was elected Vice-President for the coming year.

HEALTH OF LONDON—JANUARY 7TH, 1860.

[*From the Registrar-General's Report.*]

	Births.	Deaths.
During week ..... { Boys..1003 / Girls..1005 }	2008	1281
Average of corresponding weeks 1849-58	1604	1372

Among the causes of death were — bronchitis, 159; pneumonia, 98; phthisis, 134; small-pox, 32; scarlatina, 48; measles, 32; diphtheria, 20; hooping-cough, 33. The deaths from pulmonary diseases (exclusive of phthisis) were 290, being 6 above the corrected average. Of 56 persons who died at the age of 80 and upwards, 8 were nonagenarians. Of bricklayers, 2 died in the week, of bricklayers' wives, 3, of bricklayers' children, 9; of carpenters, 6 died, of carpenters' wives, 7, of carpenters' children, 22; of masons, 1 died, of masons' children, 4; of painters, 5 died, of painters' wives, 2, of painters' children, 11; of plasterers, 2 died, of plasterers' wives, 1, of plasterers' children, 3.

Barometer:
Highest (Sat.) 30·067; lowest (Thurs.) 28·675; mean 29·294 in.

Thermometer:
In sun—highest (Mon.) 75·0 degrees; lowest (Thurs.) 46·0 degrees.
In shade—highest (Tues.) 55·5 degrees; lowest (Sat.) 29·5 degrees.
Mean—43·5 degrees; difference from mean of 43 yrs. + 7.3 degrees.
Range—during week, 26·0 degrees; mean daily, 8·5 degrees.

Mean humidity of air (*saturation* = 100), 85.
Mean direction of wind, S.W.—Rain in inches, 0·30.

TO CORRESPONDENTS.

MR. DIX AND THE ASSOCIATION FINANCES. We have received another letter from Mr. Dix in reply to the statement made by Sir Charles Hastings in our last week's impression. As Mr. Dix does not see the expediency of deferring to the Treasurer's recommendation of waiting until the publication of the financial statement for 1859, which will shortly appear, we regret to be obliged to decline inserting his letter, or any further communication touching the finances of the JOURNAL, until the official report appears.—ED.

Communications have been received from:—MR. CHARLES ROW; MR. JNO. PROPERT; MR. PETER MARTIN; MR. CROSBY LEONARD; DR. LANKESTER; MR. DIX; MR. HINTON; MR. JONATHAN WILSON; MR. WILLIAM MARTIN; MR. JAS. REID; A PUBLIC VACCINATOR: MR. HARRINSON; DR. T. INMAN; DR. P. H. WILLIAMS; DR. J. MATTHEWS DUNCAN; MR. FREDK. NEEDHAM; T. H.; DR. C. HANDFIELD JONES; DR. B. W. RICHARDSON; DR. JOHN SLOANE; DR. HANCOX; MR. T. HUNT; DR. GRAILY HEWITT; MR. A. JOHNSON; and THE SECRETARY OF THE LONDON MEDICAL REGISTRATION ASSOCIATION.

BOOKS RECEIVED.

[* *An Asterisk is prefixed to the Names of Members of the Association.*]

1. Stricture of the Urethra: its Complications and Effects. A Practical Treatise on the Nature and Treatment of those Affections. By Robt. Wade, F.R.C.S. Fourth Edition (with Engravings), considerably enlarged. London: Churchill. 1860.